

UNITED STATES OF AMERICA
DEPARTMENT OF TRANSPORTATION

+ + + + +

NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION

+ + + + +

PUBLIC MEETING

BOOSTER SEAT EDUCATION PLAN

+ + + + +

Tuesday,

July 10, 2001

+ + + + +

The Public Meeting was called to order at 10:00 a.m., in Room 2230, at the Department of Transportation, 400 Seventh Street, Southwest, by Ms. Rose A. McMurray, Associate Administrator for Traffic Safety Programs, presiding.

NHTSA EXECUTIVES PRESENT:

MR. JOHN WOMACK, ESQ.
DR. RAY OWINGS
MR. GEORGE MOUCHAHOIR
DR. CATHY GOTSCHALL
MS. ADELE DERBY
MR. RAE TYSON

PUBLIC SPEAKERS:

DR. FLAURA WINSTON
DR. SUE FERGUSON
OFFICER BOB WALL
MS. SUE HIRTZ
DR. LUCY WEINSTEIN
MS. LORRIE WALKER
MS. KAREN DICAPUA
MS. SARAH KIRKISH
DR. DOMENIC KINSLEY

PAGE

Welcoming Remarks by Ms. Rose A. McMurray	3
Logistics by Ms. Tami Levitas	7
Presentation on Overview of Booster Seats	10
Legal Overview by Mr. John Womack, Acting Chief Counsel	17
Presentation by Dr. Flaura Winston	21
Presentation by Dr. Sue Ferguson	39
Presentation by Officer Bob Wall	55
Presentation by Ms. Sue Hirtz	65
Presentation by Dr. Lucy Weinstein	86
Presentation by Ms. Lorrie Walker	105
Presentation by Karen DiCapua	119
Presentation by Sarah Kirkish	134
Presentation by Dr. Domenic Kinsley	145

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

P-R-O-C-E-E-D-I-N-G-S

(10:00 a.m.)

MS. MCMURRAY: Good morning, and welcome to this morning's public meeting on Booster Seat Use. My name is Rose McMurray, and I am the Associate Administrator for Traffic Safety Programs here in NHTSA.

And before we get started, you see that we are joined by a sign language interpreter, who is available for the duration of the meeting. If there is someone here who needs Beth's service, would you kindly identify yourself, or raise your hand, or otherwise she tells me that her services can be used somewhere else today. So if you do need sign language assistance, please let us know now.

(No response.)

MS. MCMURRAY: Okay. Thank you for coming. It is my great pleasure to be here today, along with many of my NHTSA colleagues representing the agency in its ongoing goal of enhancing the safety of children riding in motor vehicles.

The Transportation Recall Enhancement, Accountability, and Documentation Act, that we call TREAD, enacted last November, charged the Secretary of Transportation with a whole host of new rules dealing with tire standards, as well as requirements to improve child passenger safety.

It is this last reason that we are here today to discuss the booster seat education program, which is not, and

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 will not become a rule, in that requirement of the TREAD Act.

2 Today's public meeting is also not for the purpose
3 of discussing the full extent of TREAD, particularly the rules
4 that I mentioned that are mandated under there.

5 We just want to talk today and ask your advice and
6 counsel on Section 14(i), which mandates DOT to develop a 5 year
7 strategic plan by this November to reduce death and injuries
8 caused by failure to use booster seats.

9 This effort will focus on the 4 to 8 year old,
10 with a mandate to reduce injuries and deaths by 25 percent. This
11 public meeting is an important step as we develop information
12 about what the form and content of this plan should be.

13 And we really will be looking to our colleagues in
14 the child safety advocate community, as well as other safety
15 groups and private sector groups, and the public, to help us
16 frame that strategic plan.

17 But before I go any further, let me introduce the
18 panel of NHTSA executives that have joined us today in the front.

19 They are here to listen to your presentations, and to your
20 questions.

21 They will also be asked to pose questions to the
22 presenters to clarify information or to ask follow-on questions.

23 And let me introduce them at this time.

24 First, our Acting Chief Counsel, Mr. John Womack,
25 to my left. Next to him is Adele Derby, Associate Administrator

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 for State and Community Services; Dr. Ray Owings, our Associate
2 Administrator for Research and Development; Mr. George
3 Mouchahoir, Special Vehicle and Systems Division Chief, Office of
4 Safety Performance Standards; and Dr. Cathy Gotschall, who is a
5 Senior Health Scientist in the Office of Plans and Policy.

6 We also have standing at the door Mr. Rae Tyson,
7 who is the Acting Director of Public Affairs. Also here in the
8 audience are members of the group within NHTSA that are tasked to
9 put together the strategic plan, and I want to identify them to
10 you so that during the course of today that you might have a
11 chance to convey to them your thoughts about this strategic plan,
12 and any other information that you might want to provide to them.

13 I will call their names, and I would ask them to
14 stand again so that the audience will know who they are. Six of
15 the team members are from my office, the Office of Traffic Safety
16 Programs, and they are Tami Levitas.

17 And Phil Gulak, and Phil is the Chief of the
18 Office of Protection Division, and Tami is the Chair of this
19 team. And Laurie Miller, also from the Office of Protection
20 Division; and Jennifer Knight, who is here as an intern from the
21 American Medical Association helping us with this issue.

22 Karen Scott, from our Office of Communications and
23 Outreach; and also Sandy Sinclair, from Communications and
24 Outreach. I will also mention the other offices that have
25 representatives to this team, and they are vital as we put all of

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 this together.

2 Joan Tetrault, from the Office of State and
3 Community Services; Dr. Cathy Gotschall, again in the front, from
4 the Office of Plans and Policy; and Tina Foley, from the Office
5 of Public Affairs standing by the door; Linda McCray, who
6 represents our R&D Office; and Darlene Curtin from the Office of
7 Safety Performance Standards.

8 These are the folks that inevitably will do the
9 work. So take a look at them, and take a look at them in
10 November, and see if you see a change in their demeanor.

11 Now I would like to turn matters over to Tami, who
12 is going to talk a little bit about the layout of this building
13 for those of you who are new here, and a little bit about today's
14 format, and when the lunch hour is, and where you might be able
15 to get a quick lunch so we can get back at one o'clock. Tami.

16 MS. LEVITAS: Thank you, Rose. Good morning. I
17 am here to provide some information to help make this meeting run
18 smoothly, and my information is telling you about lunch, and
19 phones, and restrooms, which is just as important as the rest of
20 the meeting here.

21 So that we may have a record of who is in
22 attendance, as an audience and as a speaker, and media, we have
23 sign-in sheets, and I am assuming that most of you have already
24 signed in.

25 There is one list for the attendees and speakers,

1 and one for the media. So please sign in. Also on the table are
2 agendas, and that will give you a listing of the speakers, and
3 when there is the lunch time.

4 The speeches will be timed, and so that you know
5 what is going on, Carol will be doing the timing, and after the
6 speaker has spoken for 8 minutes -- the speakers are allowed 10
7 minutes to speak, and after the speaker has spoken for 8 minutes,
8 they will see a little sign like this. So if you see a chuckle,
9 you will know why.

10 And after they have spoken for another minute-and-
11 a-half to let them know that they have 30 seconds left, we have a
12 wrap-up. And the person that was sitting here was supposed to
13 have the hook, but they left. We don't even have the hook
14 anymore.

15 Also, the question and answer period will be timed
16 the same way so that as the questions come from the audience and
17 from the panel, the same time will be set up.

18 There is a court reporter who is taking the
19 information about the meeting, and the information, the
20 transcript, will be available in about a month. You can get the
21 transcript from either the docket, which is the same way that you
22 are able to submit comments to the docket, and that is done by
23 HTTPDMS.DOT.GOV.

24 And it will also be available on our website,
25 which is WWW.NHTSA.DOT.GOV; and as I said, that should be

1 available in about a month. The rest rooms are located out the
2 door and to the right, and there is a ladies and men's restroom
3 so that all you have do is just walk right around.

4 In case the fire alarm goes off, and it makes a
5 really buzzing sound, and Rose said I wasn't allowed to
6 demonstrate the sound to you, but there are also flashers for
7 anyone who has a hearing impairment.

8 If the smoke alarm goes off, there are exits that
9 you can use. Right outside the door there is an exit, and also
10 if you go around to the right where the restrooms are, there is
11 an exit.

12 All the stairways are fire escapes, and they all
13 say fire door on them. We are on the second floor, and you just
14 have to go down one floor, and then you can be out of the
15 building.

16 Public telephones are on the southwest corner of
17 the lobby, and that's where you all had to enter in order to come
18 through security, and that is where public telephones will be.

19 And since we are now in the technology age, I know
20 that everybody carries beepers and cell phones, please be kind
21 and keep them off, because they will all start ringing and we
22 won't know who is going to answer. So please turn them off.

23 There are several places to go for lunch. I have
24 put a map outside this room. If you go down to the lobby, either
25 at this exit, the southeast exit, or the southwest exit, go down

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

1 to the plaza level.

2 And actually on Tuesdays, there is a farmers
3 market, and so they usually have some fresh fruits and
4 vegetables, and sandwiches there. But if you go out this
5 building, and make a left, you go over to L'Enfant Plaza and
6 there is a lot of restaurants there.

7 The cafeteria is on P-1 of this building. The
8 elevators are right outside this door, and you take the elevators
9 on the left side. There are two elevators, and go to P-1, and
10 then you can go down into the cafeteria from there.

11 We will start promptly back at one o'clock after
12 lunch, and now I will turn the meeting over to Rose McMurray, who
13 will continue with the rest of it. Thank you.

14 MS. MCMURRAY: In the past 20 years, as many of
15 you in this room very well know, we have been making some
16 tremendous strides in improving the placement of children in
17 child safety seats.

18 And we recognize now that all States have some
19 form of law requiring children to be in child restraints, and as
20 a result, over the past 5 years alone, an estimated 300 children
21 a year are saved under the age of five.

22 But despite those successes, and again credit is
23 given to many people here, there are still important obstacles
24 that we need to overcome, the important one being today low
25 booster seat use.

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 As we know, traffic crashes remain the leading
2 cause of death for children between the ages of 5 and 18, or I'm
3 sorry, 5 and 14, a fact that can be linked at least in part to
4 the fact that children are unbuckled or improperly restrained in
5 vehicles.

6 As you can see from this slide, the yellow
7 highlighted portion, half of 4 to 8 year olds involved in fatal
8 crashes were completely unrestrained, meaning no child safety
9 seat or no adult seat belt.

10 And children in this age group, 4 to 8, account
11 for 25 percent of all fatalities among children under age 15. In
12 calendar year 1999, that was about 500 fatalities in this age
13 group, and we know that appropriate restraint use declines as the
14 child gets older.

15 So it becomes more of a problem as children get
16 older after the infant and toddler stages. NHTSA has long been
17 devoted to child passenger safety, and has maintained a policy
18 that booster seats that allow the lap and shoulder belts to fit
19 the child properly be used with children beginning around 40
20 pounds, and between 4 and 8 years old.

21 As many of you know, lap and shoulder belts for
22 front seat occupants have been required in cars for more than 30
23 years. However, until the agency required shoulder belt
24 restraints for the rear outboard seating positions in 1989 in
25 Standard FMVSS208, shield booster seats were used for this age

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 group.

2 But as a result of that new standard, child safety
3 seat manufacturers responded by developing a belt positioning
4 booster seat. Let me take just a few minutes to highlight the
5 current state of affairs in this country as it relates to the use
6 of booster seats.

7 As many of you may know, and maybe many of you
8 attended, but last Thursday, Senator Fitzgerald, who has been
9 active in pushing legislation to improve child passenger safety,
10 held a press event in Chicago to discuss the legislation he
11 introduced to encourage States to upgrade the child passenger
12 safety laws, and to adopt mandatory booster seat laws.

13 I am sure that we will all agree that we need to
14 watch this legislation since it will have a major impact on
15 funding, as well as the prospect of extending the current
16 education grants for two additional years.

17 Looking at some of the behavioral research that
18 NHTSA has done, we are finding a significant gap in public
19 knowledge and actual use of booster seats. In a survey that we
20 conducted a few years ago, we found that 84 percent of parents
21 told us that they had at least heard or seen, or know about the
22 existence of booster seats.

23 But nonetheless use still remains between 5 and 15
24 percent. Increasingly, the use of booster seats is also
25 confusing to parents because of a patchwork of child passenger

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 safety laws throughout the country, and as we know, and as I
2 mentioned earlier, kids don't like to sit in child restraints as
3 they get older.

4 And being aware of these issues, NHTSA, along with
5 many of you in this room, have initiated a number of initiatives
6 trying to overcome these problems.

7 The following slide will highlight just a few of
8 the initiatives that have been undertaken by us and others in the
9 last few years. We have had a number of national campaigns,
10 particularly during child passenger safety week in February.

11 You might remember the "Don't Skip a Step" and
12 "Boost Them Before You Buckle Them" campaigns, and in 2001, the
13 theme for our national campaign was "Four Steps For Kids."

14 We have had a couple of Blue Ribbon Panels, and
15 the most recent one focusing completely on protecting the older
16 child, and those Blue Ribbon Panel Reports were very instrumental
17 in bringing greater attention to this problem.

18 Child passenger safety training has been a
19 phenomenal success. There are currently over 18,000 certified
20 CPS technicians throughout the country doing wonderful work every
21 day.

22 And the number of inspection and fitting stations
23 and clinics out there have become more and more apparent, and
24 more available. And as you know, we have placed the location of
25 those fitting stations on our website.

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 We also have a number of demonstration programs.
2 Our demonstration programs are intended to test new ideas and
3 best practices so that we can hopefully migrate those best
4 practices out to the States through our regions.

5 And in working with NAGSLER and then CUTLO, and
6 with the NTS, we have a model child passenger safety law out
7 there for the States to consider, which includes a booster seat
8 component.

9 We work with over 200 national organizations
10 providing funding and cooperative agreement funding for them to
11 carry out child passenger safety programs in their communities,
12 as well as again a booster seat focus.

13 And every year we give out over 20 million dollars
14 to the States to carry out through CPS grants child passenger
15 safety activities in local areas. Section 402, 403 and 157, and
16 2003(b) have been very helpful in helping local communities carry
17 out these awareness programs.

18 And the private sector has certainly stepped up
19 and has historically been aggressive and assertive in this area.

20 "Boost America" is Ford's effort to raise awareness and to
21 provide education in booster seats to America.

22 And "Safe Kids Buckle Up," which is sponsored by
23 General Motors, has certainly been very successful; and "Fit For
24 a Kid," by Daimler Chrysler. All of these efforts have been a
25 tremendous asset out there.

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 And while they brought attention to this problem,
2 booster seat use still remains low. It is unacceptably low, and
3 creating unacceptable safety risks for our young children.

4 So, today, this public meeting is about getting
5 your ideas, and looking for new solutions, and your creativity,
6 your insights into how over the next five years we all can do a
7 better job in getting booster seat use increased.

8 Many of you in the room have provided expert
9 testimony. You have had personal tragedies that have befallen
10 your families, or your friends, and you have taken on this
11 crusade.

12 And many of you have contributed significant
13 amounts of money. Child seat manufacturers tell us that booster
14 seat sales have been increasing in the last several years. So we
15 have reason to be encouraged that there is more use of the seats.

16 Today when we talk about these issues, it may be
17 somewhat difficult to separate your views about education as they
18 relate to your concerns about the technical issues of booster
19 seat testing and compliance testing.

20 I have asked John Womack if he would come to the
21 podium and just talk a little bit about TREAD requirements and
22 what we are looking for in comments today, and then we will get
23 on to the presentations.

24 MR. WOMACK: Thank you, Rose. I am going to put a
25 few boundaries on the presentations today. As Rose mentioned,

1 the booster seat study is -- or rather the booster seat education
2 program is Subsection 14(i) of Section 14. There are subsections
3 14(a) through 14(h).

4 And many of those will deal with rule making
5 issues, which specifically deal with the performance of child
6 safety systems, including booster seats.

7 We are going to be going through rule making on
8 child safety systems, including booster seats. We have a
9 separate schedule for that, and we will be going through separate
10 rule making and requests for comments, and a notice of proposed
11 rule making, and a final rule, which is required to be issued
12 under TREAD.

13 And so the issues having to do with the features
14 and performance of booster seats, as well as all other child
15 safety seats, are properly a part of that rule making proceeding.

16 So for purposes of this, which is the education program, we
17 would ask that you focus on the education aspects of it.

18 That is, those features of a program which we will
19 facilitate the use of booster seats by kids, and we will have the
20 public record open with the docket. It was mentioned that it is
21 HTTPDMS.DOT.GOV. But the docket number is
22 important. You need to use the docket number for your comments
23 if you have not submitted comments. It is docket 9785.

24 And on the opening page, if you enter 9785, it
25 will bring up the notice, requesting comments, and the notice

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 about this meeting, and all other comments that have been posted
2 to date on that.

3 And so that everything that comes in, we will be posting on that.

4 This is a public meeting, and it is in the context
5 of the plan. We are not at this point in rule making, and so the
6 rules of communication among people who are in the business is
7 much, much looser.

8 Everybody should talk to everybody else about
9 this, because we are not in rule making. Once we cross the
10 boundary into a rule making action, which we will be doing with
11 respect to the performance attributes of seats and booster seats,
12 things get a little bit tighter in terms of who can talk to whom,
13 or who can talk to us, and what we have to say.

14 If anybody comes to us during the comment period,
15 we will have to make sure that those comments get into the
16 docket, and the communications shrink after that point.

17 So that once the comment period is closed, we have
18 to be extremely careful to make sure that all the comments --
19 that anybody who says anything to us
20 -- get documented and put into the record.

21 But for purposes of this meeting, we will be
22 focusing on measures to increase the use of booster seats. There
23 will be a notice with a very short time I am told under the
24 booster seat study, which is Subsection (h) of Section 14.

25 There will be some overlap between what is said

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 today, and what is in the record here, and what is going to be
2 asked for in the context of that notice. So these two things
3 have a relationship.

4 They are also dealing with questions on how to get
5 booster seats more widely used. I think with that, that is the
6 end of the legal side of this presentation, and I will turn it
7 back to Rose McMurray.

8 MS. MCMURRAY: Thanks, John. Any questions before
9 we get started with the first speaker? Great. As Tami said, we
10 are going to give each presenter around 10 minutes, with an equal
11 amount of time to entertain questions from the panel, as well as
12 members of the audience.

13 So as people are presenting, we would prefer that
14 you hold your questions until they are done. Let me introduce
15 the lineup this morning and this afternoon.

16 We are going to start with D. Flaura Winston, who
17 is the Principal Investigator for the Partners for Child
18 Passenger Safety at Children's Hospital of Philadelphia.

19 We will then go to Dr. Sue Ferguson, who is Senior
20 Vice President for Research, Insurance Institute for Highway
21 Safety. Then Officer Bob Wall, of the Fairfax County Police, who
22 is representing the International Association of Chiefs of
23 Police, who will be third.

24 And then we will finish the morning with Ms. Sue
25 Hirtz, who is the Manager for the Texas Children's Health Plan,

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

Center for Childhood Injury Prevention. After lunch, which we hope is an hour, and we will try to stop at noon so that you will have a full hour to eat, and at one o'clock, Dr. Lucy Weinstein, Medical Coordinator, Injury prevention, Winthrop University Hospital, Long Island Regional Poison Control Center.

And followed by Ms. Lorrie Walker, Statewide Child Passenger Safety and Resource Center Administrator, from the Florida Department of Transportation.

And then Ms. Karen DiCapua, Director of Child Passenger Safety, National SAFE KIDS Campaign; followed by Ms. Sarah Kirkish, Auto Safety Engineer, Ford Motor Company, and Dr. Domenic Kinsley, Editor-in-Chief, Learning Works, will be our final speaker.

So with that, I will invite Dr. Winston up to make the first presentation.

(Brief Pause.)

DR. WINSTON: This is why you need to focus on education, because technology is not the answer all the time. Well, I want to thank you very much for inviting me to speak. I think that it is important for us to hand-in-hand make sure that our educational initiatives work with our technology. The first slide, please.

Well, I wanted to begin with the facts. I am lucky enough to be the principal investigator of a large research project funded by the State Farm Insurance Company, Partners For

1 Child Passenger Safety.

2 And for those of you who don't know about this
3 project, we investigate crashes involving children in 15 States
4 and the District of Columbia. Based on 125,000 children in the
5 study, 83 percent of 3 to 8 year old children in crashes are not
6 appropriately restrained.

7 They are either out of their car seats too soon,
8 or they are not in booster seats. Most of these children
9 actually are in seat belts. The significant risk of injury that
10 the children have as a result of this is prominent.

11 There is a three-fold increased risk of injury to
12 children who are in seat belts, as compared to children in seat
13 belts or in belt positioning booster seats or car seats.

14 One of the things that we found that is very
15 interesting to note is that most of these injuries actually are
16 to the head and to the brain, and as a pediatrician, these are
17 the injuries that I worry about the most, because the brain is
18 the least likely to recover.

19 But there are also abdominal injuries and spinal
20 cord injuries, and nearly all of the children who have abdominal
21 injuries and spine cord injuries are in seat belts, and virtually
22 no children in booster seats suffer serious injuries in the event
23 of a crash.

24 One of the worrisome trends is that the child
25 safety seat use begins to drop off at age two. The parents of

1 the younger children have gotten the message that children need
2 to be in child safety seats.

3 Some of the parents in the very beginning are
4 moving their children forward facing too young, but by age two,
5 parents are starting to move their children out of their child
6 safety seats.

7 And by age three, half of the children are already
8 out of child safety seats, and by age four, the most predominant
9 form of restraint is the seat belt; and then it tails off that
10 less than one percent of 7 to 8 year olds are in booster seats in
11 the event of a crash.

12 And so the peak of booster seat use is too soon,
13 too early, and ends too soon. So the peak is at age three, and
14 it ends very rapidly, and drops off by the age of four and five.

15 Next slide, please.

16 And many of you have probably seen this model, but
17 I think it dramatically expresses why children need to be in belt
18 positioning booster seats.

19 This is a 35 mile per hour crash simulation with six year old
20 dummy.

21 The child on the top is in an adult positioning
22 booster seat, and properly restrained, and you can see very
23 little head motion in the event of a frontal crash at 35 miles
24 per hour.

25 The child on the bottom is in the lap only portion

1 of a lap shoulder belt, and many children do this because the
2 shoulder portion is uncomfortable, and as you can see the child
3 has extensive head excursion, and will potentially suffer head
4 injuries, as well as facial injuries, and abdominal injuries from
5 the seat belt. Next slide, please.

6 Under contract with NHTSA, I wanted to begin
7 looking at understanding the why. Why are parents not using
8 these booster seats, and I worked with Alan Block very closely in
9 a cooperative agreement to conduct focus groups, and supplemental
10 in-depth interviews to identify barriers to booster seats, and to
11 elicit solutions from parents.

12 Now, great timing. The report is actually
13 available for anyone who would like to take it out on the table
14 here. Next slide.

15 So let me go through quickly what we found out
16 from the parents, and many of these things were things that were
17 actually a surprise to me. As a pediatrician, I didn't know
18 this, and I think it may help some of you as you are developing
19 your educational campaigns.

20 Clearly, knowledge continues to be a problem.
21 Parents don't understand the purpose of booster seats, and they
22 don't understand that in addition to safety benefits, there are
23 actually also comfort benefits for the children.

24 They are very confused between the concept of a
25 shield booster and a belt positioning booster. Parents have this

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 notion that it was like this when they were talking about booster
2 seats, and we all knew that they were talking about shield
3 boosters.

4 They would say that children had outgrown booster
5 seats, and what they meant was that they had outgrown the shield
6 booster seats. They were very surprised by the 4 foot 9 and 80
7 pound limit, upper limit as to when children should still be in
8 booster seats.

9 They thought that it was much younger, and in fact
10 many parents thought it didn't go much past age four, and they
11 had no clue about the injuries due to premature graduation. Many
12 of them thought that their children were appropriately
13 restrained.

14 The knowledge gaps were universal. This was not
15 something that was seen in one area of the country. We looked in
16 Pennsylvania and New Jersey, and it was not seen in one State,
17 versus another State.

18 It was not a socio-economic issue, and it was not
19 an educational issue. It was universal. The next slide.

20 In addition, there was a very big difference in
21 awareness of parents who actually were using booster seats, and
22 for parents who were not using booster seats.

23 The booster seat using parents, the parents who
24 used them for their children, were much more pro-active, and they
25 were more informed, and they actually called themselves "safety

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

1 Nazis." They were teaching their friends, and they were getting
2 all of them to use things.

3 They were promoting the issue. But the seat belt
4 users, the parents who used seat belts for their younger
5 children, were saying that they never really got it. It just
6 boosts them up, and not as good as a car seat because it is not
7 attached.

8 You know, for four years we said that the car seat
9 had to be tight in the car, and the child had to be tight in the
10 seat, and then you just put something on the seat and expect the
11 child to sit in it.

12 So they never got the concept of boosting the
13 child up so that the seat belt would fit properly. Next slide.

14 There was also a great big difference in terms of
15 risk perception. For the most part the parents who were using
16 seat belts for their children thought they were safe drivers.
17 They were driving safe vehicles.

18 They didn't see the likelihood of there being an
19 injury or a crash, as something that was quite high; whereas, the
20 parents who were using booster seats for the children felt that
21 injury risk was real.

22 This is something that can happen on any ride that
23 I go on, and so my children need to be properly restrained. Next
24 slide.

25 This I found as a pediatrician, this was a message

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

1 that I had never heard before. But the parents whose children
2 were in booster seats had a very clear parenting style when it
3 came to safety. It was non-negotiable. The car didn't start
4 unless you were properly restrained. It could be their life.

5 Getting a bath or not is not going to hurt them,
6 and I will negotiate on that, but I am not going to negotiate on
7 safety. With the seat belt using parents, they found that
8 everything was negotiable, and in fact they often were
9 complaining about the world being a battleground for them with
10 their kids.

11 That everything was a fight, whether they ate
12 their peas, or whether they were in the booster seat. They
13 equated it all, and they fought with their children over all of
14 it, or they just gave up, one or the other.

15 And I found this very different because I think it
16 is a clear area where we can target helping the parents to use
17 booster seats for their children. Next slide.

18 The laws were absolutely confusing to all the
19 parents. In fact, I hate to say it, but a lot of the parents
20 thought that the laws were more stringent than they were.

21 But even with that, they did not think that they
22 were going to get a ticket. They didn't think that the laws were
23 going to be enforced, and they actually looked at the laws as a
24 primary educational tool.

25 If it was important enough, it would have been in

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

1 the law, and that was the sentiment the parents said. They said
2 that when they transitioned the child to the seat belt, they
3 followed their State law.

4 So I think that there is a role here, in terms of
5 the law as an educational tool. Next slide. There are many
6 other issues that came out and some were more obvious, in terms
7 of situation, or the parents' perception of comfort to the child
8 or cost.

9 But one area that I thought was quite
10 key in terms of moving this "gateway behavior," was that once a
11 child is in a child safety seat or booster seat that you can't
12 move them back. Next slide.

13 So some of the suggested strategies for parents is
14 to heighten the awareness about the safety, comfort, and ease.
15 Change their inaccurate perceptions about risk and safety.

16 It is very important to extend child safety seat
17 use, because it is easier to move a child from a child safety
18 seat to a booster seat, than from a belt to a booster seat. And
19 to help parents with the strategies to combat child resistance.
20 Next slide.

21 The parents also wanted us to work on reducing
22 parental confusion, and what is important here is to have
23 consistent, easy to understand, educational points about the cut-
24 offs, and to start looking at the size of the child, and not just
25 the child's age. It was very confusing to parents. Next slide.

And parents had many places where they could go to

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

1 disseminate this information, anywhere from clearly getting the
2 information from their doctors, or a hospital discharge, to
3 training sessions, to auto insurance. Next slide.

4 So in summary about the focus group, that
5 knowledge isn't the only issue. We have got to extend child
6 safety seat use, and move them right into booster seats. We have
7 to emphasize proper seat belt fit rather than the 4 foot 9 and 80
8 pound arbitrary limits that have been set.

9 We have to effectively communicate the message,
10 and work with parents about the non-negotiability about safety.
11 Next slide.

12 So what is NHTSA's role? We need to serve -- you
13 need to serve as an information resource, and you need to
14 evaluate the existing educational programs, create new
15 educational programs as needed, and disseminate them. Next
16 slide.

17 So specific recommendations that I have are that
18 it is important that you coordinate legislation, and education,
19 and enforcement so that everyone is giving the same message. It
20 needs to be a consistent and repeated message that emphasizes
21 proper belt fit and not age.

22 We need to target the needs of the audience, and
23 we may need to emphasize other issues beyond safety, and it needs
24 to look at grandparents, as well as parents.

25 And we need to remove the obstacles that parents

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 perceive in terms of use and purchase that could be technical,
2 economic, or attitudinal. Thank you very much, and I am available
3 for questions.

4 (Applause.)

5 MS. MCMURRAY: Do you have questions for Dr.
6 Winston?

7 MS. DERBY: We have learned as you stated all the
8 different people that could help and give out information,
9 whether they be health care centers, or day care centers.

10 I guess I would like to know from your perspective
11 what kind of resources the different groups need in order to get
12 involved in disseminating information, and how do you kind of
13 involve them more directly in the development of those materials?

14 DR. WINSTON: Well, if you are talking about
15 doctors in particular, and health care providers, they have very
16 little time for anticipatory guidance.

17 So anything that you can provide in terms of
18 direct programs that are going to be very brief, and very
19 targeted, and proven to work, they are going to be very helpful
20 for doctors, as well as materials, including posters and other
21 information that can be handouts, and that can be handed out in a
22 doctor's office.

23 But you have to make sure that what the doctors
24 are saying is correct, and current, and short, and effective. I
25 mean, that is clear for doctors. For other areas, in terms of

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

1 the more community based programs, what needs to be given are
2 culturally sensitive educational programs that target multiple
3 generations, and target the needs of the community.

4 One community may be more interested in
5 understanding how to use something, and another might be at the
6 point where they just need to be aware that it is involved. We
7 need to not have a one size fits all program.

8 And I think that NHTSA has a great role with their
9 large reach in trying to target these programs.

10 MS. DERBY: Thanks.

11 MR. MOUCHAHOIR: In the first few slides, you
12 showed some data comparing the belt, the lap belt, as compared to
13 the booster seats. I wonder if the message is to go to booster
14 seats, and not to use the lap belts.

15 And from your research did you find anything that
16 would compare the booster seats with the lap and shoulder belts?

17 In other words, my question is the lap and shoulder belt a
18 substitute to booster seats?

19 DR. WINSTON: Actually, the data were mostly lap
20 and shoulder belt. Some of the children were in lap belts, but
21 it was mostly lap and shoulder belts in children. And the fact
22 is that the children are too small for the shoulder portion.

23 So it is not actually providing them with
24 sufficient torso restraint. So that actually was with that. But
25 it was in the younger children, the initial data with children

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

1 that were under six.

2 DR. OWINGS: You mentioned head injuries and head
3 injuries. How about --

4 DR. WINSTON: Not neck, head injuries.

5 DR. OWINGS: Head injuries?

6 DR. WINSTON: Yes, just head injuries; head and
7 brain injuries, and not neck.

8 DR. OWINGS: Okay. How about abdominal injuries?

9 DR. WINSTON: Yes. The only abdominal injuries
10 were actually -- well, there was one child who had an abdominal
11 injury in a booster seat. All of the remainder of the abdominal
12 injuries were all in children in seat belts.

13 So the vast majority of children who had abdominal
14 injuries are in children in seat belts, as opposed to the booster
15 seats.

16 MS. MCMURRAY: All right. Flaura, thank you.

17 DR. GOTSCHALL: Thank you for a great
18 presentation, Flaura. My question is a follow-up to George's.
19 On the injury risks of those 3 to 8 year old kids in seats,
20 versus belts, you clarified with George that most of the belted
21 kids were in three point belts.

22 My question is am I to assume that some of those 3
23 and 4 year olds were in forward-facing safety seats rather than
24 booster seats; is that correct?

25 DR. WINSTON: Right.

1 DR. GOTSCHALL: If you took out all the kids in
2 forward facing safety seats and just looked at kids in booster
3 seats, versus kids in three point belts, do you have any data on
4 -- can you give us any data on relative risk data?

5 DR. WINSTON: Yes. It is a 60 percent reduction
6 in injuries, significant injury risk, going from a seat belt to a
7 booster seat alone when you just look at that. It is very, very
8 recent data that hasn't been published yet.

9 DR. GOTSCHALL: And is that both for the head
10 injuries and for the abdominal injuries?

11 DR. WINSTON: For the vast majority of the
12 children who have injuries are head injuries, and we group them
13 together in our analyses.

14 DR. GOTSCHALL: And are the head injuries
15 typically concussive injuries?

16 DR. WINSTON: Yes.

17 DR. GOTSCHALL: Okay. Thank you.

18 DR. WINSTON: Sure.

19 MS. MCMURRAY: Anyone else?

20 MR. WOMACK: I have a question generally on the
21 subject of reductions in fatalities and injuries. You have been
22 talking about injuries. Are there fatality figures? Do you see
23 them as a rule?

24 DR. WINSTON: We do not see as many fatalities in
25 our study because the children are restrained. There clearly

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

1 have been case reports that I am sure that people have heard
2 about. In fact, in our study as well, there are case reports of
3 children who have survived crashes when other people have died
4 when they were in a booster seat.

5 In fact, there was one case where the father died,
6 and the child in the booster seat did well, a six year old child
7 did very well, and actually was uninjured. So we have cases in
8 both directions that show this, but we don't have statistical
9 data.

10 MR. WOMACK: And as to the children in seat belts,
11 versus the ones who are unrestrained, I am also asking you about
12 that.

13 DR. WINSTON: For children who are in seat belts,
14 there is a two to three-fold increase risk of significant injury;
15 and again we get very few fatalities.

16 So most of our data related to fatalities as
17 antidotal, but the children who are not restrained have injuries
18 that are more severe, and to more body regions than children who
19 are restrained.

20 And the children who do the best are the children
21 who are in the belt positioning booster seats.

22 MR. WOMACK: Okay. I am really looking toward the
23 issue that the belt use or that the booster seat program is
24 designed to address, which is a reduction of fatalities. That
25 is one of the holes of this, and we draw a continuum here.

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

1 DR. WINSTON: Right. The data that I had related
2 to that is more data that relates to how the children have done
3 well in crashes, where other people haven't. That is the data
4 that I have. Thank you very much.

5 DR. FERGUSON: Actually, I have a question. I am
6 Sue Ferguson with the Insurance Institute For Highway Safety.
7 Obviously I am very well aware of the study, and I know what the
8 study methodology is.

9 One of the issues that we discussed before is the
10 issue of the self-reporting bias. Obviously when you ask parents
11 if their children were restrained, very few people want to say
12 that they were not.

13 And so the belt rates that you have that are self-
14 reported are very high. I know that we talked about you
15 providing some sensitivity analysis to take into account any
16 over-reporting bias. Have you had an opportunity to do that, and
17 if so, what difference has that made to your effectiveness
18 aspect?

19 DR. WINSTON: I can't give you specific numbers,
20 but I know that we conducted a sensitivity analysis and the
21 reduction in belt use -- the over-reporting of belt use would
22 have to be so high, and higher than you would expect in any -- in
23 this population to obliterate the effect that we are seeing in
24 the benefit of booster seat use.

25 Further, our rates, which are quite high, show

1 where the parents are wearing belts. So if you look at
2 observational studies in general, it is a different population
3 from the population that we are studying with the Partners For
4 Child Passenger Safety study.

5 But as an answer to your question, our sensitivity
6 analysis showed that it was not possible to have sufficient over-
7 reporting to have obliterated the effect. It reduces it, but it
8 doesn't obliterate it.

9 MS. MCMURRAY: Okay. Anyone else? Yes, another
10 questioner.

11 MR. MEISSER: Good morning. My name is William
12 Meisser, and I am with Volkswagen of America, and also I wear the
13 hat of AAA. If I remember right, we have a 72 percent usage
14 rate, and that means that 28 percent of the children aren't
15 restrained, but that roughly 50 percent of all the fatalities
16 come from the totally unrestrained children in that age group.

17 So let's progress and say that any belt, any
18 restraint is better than nothing.

19 DR. WINSTON: I agree.

20 MR. MEISSER: And then we come to who succeeds
21 better than any other belt. So the result of all of this is that
22 we need the booster seat development. We need a ruling, and we
23 need the enforcement to get it done. That's why we are here, I
24 guess.

25 DR. WINSTON: I agree. That is a great comment.

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

1 Thank you.

2 MS. MCMURRAY: Okay. Anyone else? If not, thank
3 you, Dr. Winston. I want to make sure that all of you can hear
4 and see. I see some in the back who are wincing a little bit.
5 Can you hear fairly well back there? Okay. Raise your hand if
6 you can't.

7 Our next speaker is Dr. Sue Ferguson from the
8 Insurance Institute for Highway Safety, where she is a Senior
9 Vice President for Research. So we may need a few seconds here
10 to adjust.

11 (Brief Pause.)

12 DR. FERGUSON: Okay. What I wanted to do today
13 was just talk a little bit about the Institute, and research that
14 the Institute has done that sheds some light on not just what
15 booster seat education should be, but some of the issues that we
16 have with regard to booster seat fit.

17 Now, NHTSA's recommendations currently are that
18 children who are 40 to 80 pounds, and less than 57 inches, should
19 be in a booster, and they do give some guidelines as to how that
20 fit should be on the booster seat or on the seat belt.

21 This came out of a study that they did a few years
22 ago, where they looked at a large number of children, ages 7 to
23 12, and used three different vehicles, and three different
24 booster seats.

25 And this recommendation basically is that it is

1 the level at which more than 50 percent of the children do not
2 have an adequate lap/shoulder belt fit. So obviously when you
3 look at these data, it is clear that there are some children even
4 within these guidelines that do have adequate shoulder belt fit.

5 And you do tend to get vehicle differences, and
6 differences based on the size of the child, and differences based
7 on the booster seat. Next slide, please.

8 So there are a few problems I think that we need
9 to resolve before we really give parents good solid advice about
10 what to do on this issue. There currently isn't a standard.
11 There is no definition of what is a booster seat.

12 I mean, we are obviously hoping that parents don't
13 get the idea that just putting them on a phone book would do the
14 trick, because clearly this wouldn't. You need to have seats
15 that fall under NHTSA regulations.

16 Which children should use the booster seats?
17 Again, I don't think we know enough right now to give specific
18 standards. I don't think there has been enough study of this to
19 know what the appropriate age -- and I am not sure age is the
20 appropriate measure by the way.

21 And whether it is height, and whether it is
22 seated-height, and whether it is weight, and so what should we be
23 telling parents? As you all know probably, Federal Regulations
24 currently do not cover all booster seats.

25 It only goes up to 50 pounds, and so obviously we

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

1 only have a dummy that is a six year old dummy, and there is no
2 dummy to measure anything above that currently.

3 The Institute has done a small scale study, and we
4 are hoping to expand this study to look at a number of children
5 in different booster seats, and also look at dummy fits and see
6 how that compares with a six year old dummy in different
7 vehicles, and different booster seats.

8 Now, what we did is that we took one child who was
9 5 years, 4 months, and who was obviously below the current
10 standard, and was not very far above 40 pounds. So presumably
11 the lap-shoulder belt would not fit him properly.

12 And we also took a 6 year old who was about 60
13 pounds to look at the fit with her, and we used the 6 year old
14 dummy as well. And then we used three vehicles that had
15 different kinds of seats that varied in the contour.

16 Finally, we used different booster seats, and we
17 are hoping to expand this study to take into account more
18 children, and more vehicles, and more booster seats.

19 But I just would like to give you some idea about
20 the kinds of things that we are doing. We don't have a formal
21 report as of yet, but I just want to show you some pictures to
22 show you what some of the issues are.

23 Okay. This is Cameron, and he is the 42 pound
24 child, and clearly you can see that without a booster seat that
25 that seat belt does not fit well, and certainly you get a better

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

1 fit when he is in a booster seat.

2 And I don't think there is any argument with
3 anybody in the room that when children first come out of forward
4 facing seats that they do need something else. I doubt very much
5 that there are any seat belt geometries that will allow them to
6 be in a seat belt comfortably and adequately.

7 This is the child who was close to 60 pounds, and
8 you can see that this is the lap/shoulder belt, and so the
9 booster seat might improve the fit, and it might not look much
10 different.

11 Actually, there was a booster seat that made it
12 worse, and that brought that lap belt very high across the
13 abdomen. So I think what we need to remember is not all booster
14 seats are created equal. So when we are telling parents to
15 go out and buy booster seats, we need to be sure that they take a
16 look at those seats, and try their child in it, and make sure
17 that the fit is good, because currently NHTSA doesn't have that
18 as part of their standard.

19 Some of the booster seats have arms or is whatever
20 you call them, and some of them will generally -- these will
21 provide a good fit, and it will also help to keep the lap and the
22 shoulder belt down low enough so that it will be a good fit.

23 But not all arms are created equal, and so you can
24 get -- okay. This one here is just down below the arm, but it
25 really doesn't stay in that position, and then you can have a

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

1 problem with the riding of the shoulder belt or the lap belt.

2 So again there are some differences among booster
3 seats that you need to be aware of, and I think parents need to
4 be aware of that, too. They are not all the same.

5 This one here, this particular booster seat, we
6 did it in the vehicle with different sized occupants, including
7 the dummy, and you can see that it is a good fit with all of the
8 children.

9 So there are some seats apparently which given our
10 limited study right now, seem to be good across at least a range
11 of children. And here what we did was that we looked at it in
12 different vehicles, and we were using the dummy, and here we get
13 good fit in different vehicles with the same sized occupant.

14 This particular booster seat, this was again in
15 different vehicles, and it didn't matter what the vehicle was.
16 This is just a poor fit, no matter what you do. In all the
17 vehicles, this particular booster seat does not have a good fit.

18 And here we did the same booster seat in the same
19 vehicle, but we used each of the children and the dummy. And
20 again you can see that it does not fit. This lap belt comes high
21 across the abdomen no matter what.

22 Another thing that we wanted to point out is that
23 some of these have some routing for the shoulder belts so that it
24 fits properly. The problem with some of those is that when
25 children are moving around, you can introduce some slack into the

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 seat belt.

2 And that slack may not be taken back out,
3 depending on the way that is routed, and the kind of clip you
4 have. So that is something else that you need to consider.

5 Finally, I think another thing that you need to
6 think about -- and this really is more of a regulatory point for
7 John. I know that we are not supposed to be talking about this,
8 but I want to throw it in anyway.

9 But if you had a study where you looked at the fit
10 of a child in the actual seat, you can see that the dummy looks
11 like it is a pretty good fit here, and the legs are not over the
12 edge of the seat.

13 But with a real child, it is probably going to
14 scoot down and move away from the edge of the seat. So you
15 probably need to consider that there are some ways in which
16 dummies and children are different. Okay. So I just
17 wanted to have some concluding thoughts here. Which children
18 should use a booster seat? Currently, the 80 pounds, and 4 foot
19 9 standard means that there are going to be some 11 and 12 year
20 olds who would under that recommendation need a booster seat.

21 And it is clear when you look at the old NHTSA
22 study, and when you look at what we have done, and obviously we
23 are looking at this again in the future, there are many children
24 probably who fall within the guidelines who don't need booster
25 seats.

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 So I think that it is very important that she
2 provide parents with guidelines as to how the seat belt should
3 fit. Not only where the shoulder belt and the lap belt should
4 fit, but also that the child needs to be back against the seat,
5 and their knees need to be bending over the edge of the seat.

6 Otherwise, they are going to scoot down. So I
7 don't know that we really know what those recommendations should
8 be right now. The effectiveness studies that have looked at this
9 show that they have not gone up to children of older ages. They
10 typically have been 3 to 6 years old.

11 The one study that was done from Swedish data
12 looked at children across the ages of zero to 14, and had no
13 specificity at all. So I think that we need to get a better idea
14 for whom these booster seats are effective.

15 There is no doubt in my mind that booster seats
16 will be an improvement. I am not sure where that cutoff is, and
17 whether it is at 6 years, or 7 years. or 8 years; and is it 60
18 pounds, or 70 pounds, 80 pounds. I don't know.

19 And to go along with that, I think we need a more
20 detailed study of booster seat fit in a wide range of vehicles,
21 with different ages, sized children, and different vehicles.

22 And the Institute is working on trying to put
23 something together to extend our knowledge right now in that
24 area. I am not aware that NHTSA has any plans to do that.

25 The issue of what constitutes a booster seat. It

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 really is important from the view of education, too, because
2 parents need to know that not all booster seats are created
3 equal, and that fit is still something that they have to think
4 about.

5 They just don't automatically go out and buy a
6 booster seat, and put a kid in it, and they are done. There are
7 some booster seats that are not as good, and they need to be
8 aware of what that fit is. And from that point of view,
9 I think that maybe NHTSA needs to consider not just the dynamic
10 test of performance, but also to look at how booster seats fit.

11 There may be some booster seats that ought not to
12 be on the market because they do not improve the situation over
13 the seat belt. I think that is an important consideration.

14 And as I said, it is important to educate parents
15 about what constitutes a good fit so that they can make their own
16 judgments. You know, I have parents sometimes that call me and
17 say, you know, well, I have a 10 year old. She is not 80 pounds,
18 and should she be in a booster seat.

19 And she is not in a booster seat, and is she in
20 danger, and so you know, you provide information about putting
21 her in the seat, and take a look at these things, with legs over
22 the end of the seat, and so on and so forth.

23 So you have to provide parents with a little more
24 information than just those broad guidelines as Flaura said, and
25 again I want to reiterate, unrestrained children are also a

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

1 problem.

2 Let's not give parents the idea that if they don't
3 have them in a booster seat that it is better off being
4 unrestrained than restrained at all, and I still think that they
5 are better off having a lap/shoulder belt than nothing. Thanks.

6 I would be happy to take questions.

7 MS. MCMURRAY: Questions for Dr. Ferguson?

8 MR. MEISSER: William Meisser, Volkswagen. You brought
9 out a very good point regarding age. I would like to see the age
10 group increased to 10 years, because there is a certain economic
11 reason for all of us here, be it the government, be it the
12 manufacturers, or child seat manufacturers.

13 And because a 10 year old dummy is in the final
14 stages of approval, and if you had regulations, and performance
15 standards, where the seats have to comply with those for a 10
16 year old dummy, then there is input there for the manufacturers,
17 and child seat manufacturers, to make that compatible, and to get
18 this together, and then we have some seating arrangement.

19 And with booster seats available in the future up
20 to 10 year olds of this average size, we can in addition give
21 parents additional information, and if your child is overly
22 bulky, or tall, then go to an adult seat if it doesn't fit these
23 dimensions.

24 If it is smaller, leave them longer in the other
25 child seats. So I would like to see the 10 year old age limit

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 there, and not the 8 year old. Thank you.

2 MR. MOUCHAHOIR: I want to go back to the same
3 question that I asked Dr. Winston before, and ask you that same
4 question. If a properly fitted lap and shoulder belt system is
5 used to restrain a child, would that be providing adequate safety
6 protection?

7 And I do appreciate your presentation on the fit,
8 and I think that fit is very important, but keep in mind that we
9 need to go beyond fit. What happens during those few
10 milliseconds during the crash? Whatever device, whether it is an
11 improperly fit lap-shoulder belt, or a belt positioning booster,
12 would provide protection to the child.

13 And so have you any thoughts on that, or have you
14 looked at any of that?

15 DR. FERGUSON: No, we don't have any. The
16 wonderful thing about the child study is that they for the first
17 time have the kind of data where you can start to look at this.

18 There are no databases currently available through
19 the National Highway Traffic Safety Administration, and nothing
20 that we have that would allow us to address that from the real
21 world point of view.

22 I can say that we haven't done much in the way of
23 crash testing, but what we have done is that where we have looked
24 at child dummies in ages 3 and 6 year old in child seats, we do
25 have some concerns about what you can say from the testing, per

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

1 se.

2 I didn't show those today because we are not
3 talking about regulation, but one of the things that we see from
4 the very limited things that we have done is that you do see some
5 neck injury measures that are unusually high, even in forward
6 facing restraints.

7 But we know from the real world, and I think
8 Flauro made that point, that neck injury is not apparently an
9 issue in the real world. So we need to be very careful if we are
10 going to extrapolate from crash test data, or dynamic performance
11 standards.

12 We need to, number, be sure that these data are
13 reasonable from our real world experience, and apparently abdomen
14 injuries are a big deal. We currently do not measure that at all
15 in the standard.

16 So the answer to the question is, no, we don't
17 have any data, but what we do have suggests that you are going to
18 have to think very carefully before you come out with your
19 standard as to what it is really going to tell you.

20 DR. GOTSCHALL: Sue, can you make any comment as
21 to what you think or how you think adjustable upper anchorages
22 for lap-shoulder belts in the rear, how that would affect belt
23 fit for belted kids and kids in booster seats, and what you think
24 the relative merits of adjustable upper anchorages are?

25 DR. FERGUSON: Well, obviously seat belts as they

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

1 are currently designed are not really a good fit for children.
2 Actually, they are not always a good fit for me, but that is
3 another issue entirely.

4 But there are two issues. There is the issue of
5 the shoulder belt fit, and also the lap belt fit. I think the
6 upper anchorages might bring that shoulder belt down, but
7 sometimes the anchorages at the lap portion also need to be
8 looked at carefully because depending on that, that can bring the
9 lap belt up higher as well.

10 So anything that you can do, I think, to improve
11 fit in the rear seat for children, because that after all is what
12 we are telling parents to do, is to provide lap and shoulder
13 belts in all seats.

14 I know that you didn't ask that, but I wanted to
15 throw that in. And also if you can have adjustable anchorages,
16 or have some way in which that seat belt can fit properly, to me
17 it can only help.

18 And that's because education is a wonderful thing,
19 and I think that more people will be using booster seats, but
20 ultimately there will be many people who won't for many reasons,
21 economic and other.

22 So the more we can do to make that back seat
23 friendlier to children, I think the better we will be.

24 MS. MCMURRAY: Anyone else? Yes, Ma'am?

25 AUDIENCE QUESTION: I have a question concerning -

1 - and it is an educational question. I know that we want to save
2 the lives of everyone that is driving in an automobile.

3 When you are looking at children -- and there are
4 some people that transport children, and they don't have children
5 of their own, and I guess my question is do parents bring booster
6 seats with their children if an aunt or grandmother, or someone
7 is going to be transporting their children? Do you have any
8 thoughts on that?

9 DR. FERGUSON: I don't have anything. Flaura, do
10 you have anything on that?

11 DR. WINSTON: I only have antidotal information,
12 but there are problems in transporting children, and making sure
13 that children are appropriately restrained.

14 In addition, the parents who are most likely to
15 restrain their children appropriately, and it is very preliminary
16 data -- well, it was mothers. I hate saying that, but it is not
17 just other parents. But it is also even within a
18 relationship which parent is actually the one transporting the
19 child, or let's say it is a teenage sibling who is transporting
20 the child.

21 So I think that there are problems that go beyond
22 just making sure that other people are doing it, even within the
23 very family, and different parents are transporting children
24 differently.

25 DR. FERGUSON: But I think you make a good point

1 that often when you are car-pooling, and when you have
2 grandparents, or aunts, or whatever, they are not always going to
3 have the seat.

4 So that is why it is very important that we make
5 sure that parents know that -- and I know that with the laws in
6 these States that it is going to make it difficult, but if they
7 don't have anything else, it is still important to put them in a
8 seat belt of some sort.

9 MS. MCMURRAY: Okay. Thank you, Dr. Ferguson.
10 One of the advantages of sitting up front is the ability to watch
11 the faces of the audience, and I have to remark, Sue, that when
12 you said that dummies and children are different, all the parents
13 in the audience said, no, they are not. They were all nodding
14 their heads.

15 (Laughter.)

16 MS. MCMURRAY: Next we will get a law enforcement
17 perspective from Officer Bob Wall, Fairfax County Police, and he
18 will talk a little bit about this issue as it concerns law
19 enforcement officers. Bob.

20 OFFICER WALL: I guess wearing this outfit
21 everybody wonders what I am going to talk about, right? Well,
22 the technical stuff. I am going to talk about the technical
23 stuff.

24 Going in line with what was just asked about
25 people transporting children, on an antidotal side of it, many

1 phone calls that we get in our office, being traffic safety, is
2 my son or daughter goes to day care X, and they are going on a
3 field trip.

4 And I see people shaking their heads already, and
5 saying I got those phone calls, too. And they say what is the
6 law, you know, and they have stationwagons pull up in front of
7 these public day care centers, and they shove all these kids into
8 these stationwagons and minivans with no booster seats because
9 the law says under age four.

10 Well, their kids are 5, 6, 7, and they are going
11 to the zoo, or the park, or whatever, and so they are within the
12 law. They don't need a booster seat. But again it is antidotal,
13 but it happens all the time, and those are the questions we get
14 as advocates.

15 But as you know, I am standing up here
16 representing law enforcement today, and there was a national
17 study conducted by Daimler-Chrysler and NHTSA that basically says
18 that 9 out of 10 parents believe that if they follow their
19 State's laws that their children are adequately protected.

20 And we know that is not true, as 96 percent of
21 them said that they didn't even know what the correct age is. We
22 don't get phone calls in the police department asking us when
23 should my child be in a booster seat.

24 We get calls asking what is the law, and it has
25 been said up here twice that the law is what people use as their

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 basis of education, and that is what I am going to talk about, an
2 education plan based on law, because that is what people are
3 using, whether we like it or not.

4 We can have a five-step program to say that a
5 child has to sit with their back against the seat, and their legs
6 over the side, and all these nice things which advocates love,
7 and I agree with them a hundred percent.

8 But when it comes right now to it, people call and
9 say what is the law, and that is what they follow, because they
10 believe that is what they should be following.

11 A campaign by the National Safe Kids Campaign
12 earlier this year graded the States, the nation's, child
13 passenger safety laws, and I am not going to go into it in
14 detail, because Cathy Gotschall is going to talk about it later
15 probably.

16 But it pointed out that most State laws are
17 inadequate to protect our children. They are inadequate. They
18 have many different -- you know, they are not all created equal
19 we say in the class. All laws are not created equal.
20 They all have different gaps and loopholes, and when people say
21 what is the law, I say what is the law? What are you talking
22 about; the law of the land or the law of physics, because the law
23 of the land varies on what land you live in.

24 The law of physics is constant and has a stiff
25 penalty for a violation of the law of physics, and that is what

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

1 we are talking about. A lot of individuals responded to this
2 public hearing on the web already, and I went through it, and I
3 looked at a lot of them.

4 And almost every one of them mentioned laws, law
5 enforcement, and the need to upgrade our laws. Everybody is in
6 agreement with this, including the Secretary of Transportation,
7 who in February said that we must do more to protect our child
8 passengers, strengthening child restraint laws.

9 So we are all in agreement. So what is the
10 problem? All right. The first thing that we must do is develop
11 an enforceable standardized law for all age groups. It has to
12 cover all age groups.

13 And you will notice that I said covering all
14 children from birth to pick an age. I am not going into the
15 technical part, because I don't want John to beat up on me back
16 here, because we can go -- just like Sue said, we can go 6 years
17 old, 7 and 8 years old, and all the way up to 11 years old.

18 But we are still going to miss somebody. We are
19 going to miss somebody at the 6 year old range, and we are going
20 to miss somebody or maybe put somebody in danger that is in the 11
21 year old range.

22 We need to find a happy medium, and that is what
23 we need to do through technology, and research, but we don't need
24 to just address booster seats in these laws. We need to address
25 all children, all seating positions, because we look at the data

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

-- the FARS data in 1999 showed that 55 percent of children were unrestrained, period, in fatal crashes.

So we need to look at all age groups and not just booster age children. We need to look at proper use in all seating positions, and when we talk about an enforceable law, when we put weights on it, we put restrictions on law enforcement.

When we put heights on it, we put restrictions on law enforcement. If I wrote a law that was perfect, and said they have to be X-weight, X-height, and go out and enforce it, guys. Is it going to happen?

Can I rely on law enforcement to take out their tape measure and take out their weights, and their scales every time they pull a car over with kids, and say, okay, kids, stand on this, and stand against my car where I have a little marker, and if you are taller than this, you won't get a ticket.

All right. That is not reality. So it has to be something that we can enforce, and what we are finding that is enforceable is age. We have to find an appropriate age to put on a law.

The exemptions. There are exemptions in many States for everything. If it is the second Thursday of the month, you are exempt this week. I have seen Judges say that anybody over 55, it is Senior Citizen's Day, and you are free to go today.

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 If we write laws like that, then law enforcement
2 is not going to enforce them. So we have to have very few, if
3 any, exceptions; emergency situations, medical, things like that.

4 Once this model is developed, we have to work with
5 law enforcement. That is one thing that I thought was missing
6 from many of the responses. They all said we need to have a law,
7 but none of them said let's work with law enforcement to get the
8 law passed in the State, first of all, and then work with them to
9 educate people about the law.

10 They just said that we need a law. Some people
11 said work with law enforcement, and that is the way to do it. If
12 you have a new law, you need to work with law enforcement to get
13 that education out there. You have to get support from law
14 enforcement. They have to understand your law, or they will not
15 enforce it.

16 A police officer on the side of the road pulling
17 someone over today, if they come up to you and they don't
18 understand why your child should be in a child seat, or if your
19 child should be in a child seat, they will not mention it.

20 So they have to understand the issues, and why,
21 and why should a child be there. Who or what children should be
22 there. If you don't involve law enforcement, your educational
23 efforts, no matter how good they are, will have some effort, some
24 effect, but it will be short-lived if you don't get law
25 enforcement behind you.

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 Because it has been said by a speaker earlier that
2 the perception that laws are not being enforced is some reason
3 why people don't put kids in boosters or child seats.

4 That perception has to be that enforcement is
5 there. How do you gain support? Training is a very important
6 aspect. It is important to get law enforcement involved.

7 Now, yes, I am a child passenger safety certified
8 technician trainer, and I love the 32 hour class. Do I think
9 that every law enforcement officer in the country needs 32 hours?
10 No way. They need basic information.

11 Every officer needs to know who, what, when,
12 where, and why. That is what they need to know. They don't need
13 to know the technical aspects of an even flow on my way and every
14 little nuance of which way the harnesses are routed.

15 They need to know that this child, 9 months old,
16 should be in a rear facing seat. Who, what, when, why, and
17 where. Basic stuff. There are many training programs out there
18 -- Operation Kids, Law Enforcement, a CPS course that goes
19 anywhere from two hours to 16.

20 There is the TOPS program from NHTSA, and
21 Mobilizing American to Buckle Up Children. There are many
22 different trainings out there that should be given to law
23 enforcement, and this is a gap that is missing in the country,
24 getting more law enforcement involved.

25 But how do we get them there? Some officers do

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

1 need 32 hours, and they need the technical information. Traffic
2 or Prevention Officers conducting enforcement in education
3 programs, something that was overlooked in the past. There is
4 crash reconstructionists or investigators, and they can give us
5 the missing data that sometimes we are missing.

6 They can give input to the manufacturers and can
7 provide important information on use. All our public information
8 programs should be based on enforcement programs as well.

9 We should have a strong enforcement program, and
10 public campaigns should be directly linked with those enforcement
11 efforts; and they are telling me that I am done, and so I am
12 done. Thank you.

13 (Applause.)

14 MS. MCMURRAY: Thank you, Officer Wall. Any
15 questions for Officer Wall?

16 AUDIENCE QUESTION: I am not trying to be
17 facetious, but I wondered when you said that age is easier to
18 enforce than height or weight. How do officers ascertain the age
19 of the passengers?

20 OFFICER WALL: A 5 year old is going to tell me
21 that they are five. I mean, the parent will say, no, he is six.

22 You ask the parent, and then of course the kid is going to be in
23 the back and saying, no, no, I am really five. No, he's 10. No,
24 I was five last week. What are you talking about.

25 It is much easier to obtain age than it would be

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 weight or height. And most parents are very proud of their
2 child's age. Oh, he's five, or he is six. They are going to
3 tell you his age.

4 But most parents or even at checkpoints, parents
5 don't know weight and height. It is much easier to obtain an
6 age. And just ask what is their birthdate. Just ask and figure
7 it out.

8 MS. DERBY: Bob, I have a question, and it has to
9 do with what seems to me to be an enormous task of teaching law
10 enforcement about booster seats, because you can't wait for State
11 laws. They are going to be very slow in coming.

12 So they have to be -- it seems like they have to
13 be the convincing agent. Do you think that law enforcement can
14 do that, and what is the role of law enforcement in teaching
15 itself what it has to learn?

16 OFFICER WALL: Well, you said teaching law
17 enforcement about booster laws. We need to teach law enforcement
18 about occupant restraint systems. We need to tell them the whole
19 gambit of everything. We can't just say booster seats, and this
20 is what we do with it.

21 It is very difficult, and on one of my slides was
22 resources, and how do we obtain and get law enforcement brought
23 into this when we have a thousand other things on our plate.

24 We have people pulling on us because of the DWI
25 last week, and the cell phone issues, and the aggressive driving,

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 and the many other issues that are addressed in traffic and law
2 enforcement.

3 It is very difficult -- and I am not saying it is
4 a right here answer, but we need to start by giving them the bare
5 minimum. Here is a couple of hours, and here is 20 minutes at a
6 roll call, just so they have the who, what, when where, and why,
7 and then move from that point.

8 Once we get them hooked a little bit, and get them
9 going, then I think we can keep moving with them. And law
10 enforcement should take on that responsibility for roll call
11 training and other types of training like that.

12 MS. MCMURRAY: Any other questions? If not, thank
13 you, Bob. Our next speaker before lunch is Ms. Sue Hirtz. She
14 is the Manager of the Texas Children's Health Plan, Center for
15 Childhood Injury Prevention.

16 MS. HIRTZ: With funding from the National Highway
17 Traffic and Safety Administration, the Texas Children's Center
18 for Childhood Injury Prevention developed a multifaceted program
19 to promote the use of booster seats.

20 For parents, we developed two public service
21 announcements in English, and one in Spanish, and implemented
22 comprehensive programs in 42 pediatric practices in Houston.

23 Our primary target though was 4 to 8 year olds in
24 schools and after-school programs. Parents may understand why it
25 is important to insist on using booster seats, but until the

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

1 child sees the benefits of using booster seats, it is often a
2 hopeless battle. Children this age love fantasy,
3 and listen intently to puppets, but stay clear of anything that
4 they find babyish. This is why we developed a sophisticated role
5 model, an astronaut, to promote booster seats.

6 You see, astronauts buckle up in special seats
7 before they blast off into outer space. Our program, starring a
8 puppet, Alex, the Astronaut, is interactive. Alex asks the
9 children questions during the 15 minute show about whether they
10 buckle up or use booster seats.

11 In this segment of the videotaped instructors
12 guide, Alex will tell the children why he likes his seat so much,
13 and I am going to play you a couple of minutes of this.

14 (Video presentation.)

15 MS. HIRTZ: This is the space alien friend, and
16 Alex engages the children in telling the space alien about
17 booster seats and sitting in the back seat.

18 And then after that the children take a pledge to
19 buckle up on every trip, whether it is to the store or to the
20 moon. And then after Alex leaves, the children may be given an
21 opportunity to try out Alex's seat.

22 Alex now has 11 clones, and we in Partners in
23 Houston and in San Antonio, are evaluating how easy it is for
24 instructors to assemble the program, and to become comfortable
25 with it, and how it changes children's attitudes about booster

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 seats.

2 And the program will be in Spanish soon as well.
3 The program can be assembled at a cost of about \$325, and
4 instructors download directions from our website on how to
5 assemble the program.

6 They must order the two puppets, and make posters
7 and moon rocks, and commission a costume to be sewn, and convert
8 the internal harness of a booster seat into a seat belt for Alex.

9 We send them copies of this videotaped instructors
10 guide to learn how to move the puppets with the audiotape, and
11 the audiotape includes sound effects as you heard, that make the
12 dialogue more real and engaging.

13 Our evaluators also give coloring books to each
14 child and posters to the teachers. And you will note that on the
15 back of these coloring books is a letter to parents, so that when
16 the child takes these home, then the parents can read that.

17 Our evaluators, who are mostly in law enforcement,
18 are finding the program easy to assemble, but there are many
19 steps to it. And they have enjoyed using the program once they
20 are comfortable with it largely because the response that they
21 get from children they have taught is so positive.

22 We are not aware of other booster seat education
23 programs targeting children that are so appealing to the
24 children. With State laws raising the age and size of children
25 required to use child safety restraints, there will be an

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

1 increased demand for programs for children.

2 And we would like to see kits for Alex the
3 Astronaut Gets a Booster Seat education program distributed in
4 the same way that the Buckle Bear program is for younger kids,
5 and by a group that would be able to simplify assembly, lower the
6 costs, and market the program on a larger scale to traffic safety
7 instructors. Do you have any questions?

8 MS. DERBY: The question that I have is to do with
9 funding. Have you found any kind of private sector partners that
10 are willing to work with you?

11 MS. HIRTZ: We have not inquired. This program
12 was developed as an innovation grant from the National Highway
13 Traffic and Safety Administration, and I am not aware of what the
14 regulations are, and how I would go about doing that.

15 DR. GOTSCHALL: I want to comment you for having a
16 bilingual program there. It is something that we are really
17 working as an agency to expand on. My question is about
18 influence, and do you have any data on whether converting the
19 kids converts the parents?

20 That is, if the kids -- can you reach the parents
21 through the kids with respect to expanding booster seat use?

22 MS. HIRTZ: Well, this program is really just
23 targeting kids. We try to get to the parents through the back
24 door, and through the coloring book, and the note on the back.

25 However, we are targeting parents more directly

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

1 with the three public service announcements that we developed,
2 and then parents as the child is seen in primary care with the
3 pediatricians. This is just another prong, and hitting the
4 children themselves.

5 DR. GOTSCHALL: And so you said the main
6 contribution then of our program is making the parents' job
7 easier? When the parents make the decision to purchase a booster
8 seat, you have worn down the resistance a little bit?

9 MS. HIRTZ: That's right.

10 DR. GOTSCHALL: And you get better reception.

11 MS. HIRTZ: Yes, and we may have even introduced
12 it to some parents.

13 DR. WINSTON: I want to commend you on a wonderful
14 program. It looks like the kids would really enjoy it. As
15 another avenue, we developed a program with State Farm Insurance
16 Company, and Shanna Morris on my team developed it.

17 And it is a different type of program, and maybe
18 we need to have some -- as part of the educational plan to
19 evaluate it. But this program actually has pictures of children.

20 It is based on a program that State Farm has
21 already given to 177,000 children about getting use to using seat
22 belts, and there were concerns because it was not promoting the
23 booster seat message, and so they went through a program of
24 revising this through the booster seat message.

25 And in terms of the private sector, the way this

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

1 program works is that agents or other State Farm employees across
2 the country who would like to teach about booster seat use, have
3 the programs, and have a little car that the children sit in, and
4 that then has a seat with a booster seat, and they get their
5 picture taken with a seat belt on.

6 And that is glued on the inside, and there is a
7 curriculum that goes along with it as well for the teacher to
8 follow, and it is now being spread across the country.

9 So it is another avenue that maybe another
10 insurance company or State Farm would be interested in yours as
11 well.

12 MS. HIRTZ: That's wonderful. I think that may
13 programs are needed, and in using our program, when we introduce
14 kids to the booster seat, they said, oh, a car seat, and we say,
15 no, no, this is for big kids. This is not a car seat. This is a
16 booster seat.

17 And once they see the videotape, and they try the
18 seat, they find, oh, it is comfortable, and it fits me. One of
19 the big problems that we have is the way that parents talk about
20 booster seats, and they will slip and call them car seats.

21 And that is the world's worst thing to do. You
22 have to graduate the language, as well as the practice. These
23 are not car seats.

24 DR. GOTSCHALL: I have one final question about
25 your program, and that is that we have been talking about ages,

1 and does your program work equally well with the younger kids?

2 I am thinking that it might work -- it sounded to
3 me like a five year old would be very receptive to that message,
4 but Mr. Meisser was talking about going up to 10 years old. Do
5 you have any suggestions on how to reach the kids in the older
6 part of the booster seat range, whatever that age, or height, or
7 weight would be?

8 MS. HIRTZ: I think that is going to be more
9 difficult. We find that the ideal time for this program is
10 really first grade. When you get into second grade, you are
11 already getting kids out of the booster seats. They have not
12 seen car seats in a few years, and their younger siblings use
13 them.

14 It is more difficult, but I think we have to
15 establish a new norm, and maybe as we can move the norm up, then
16 we can use this program for longer.

17 MS. MCCRAY: Hi, Linda McCray, NHTSA R&G. I want
18 to touch base on the earlier question Cathy had mentioned, and I
19 enjoyed the videotape also. The pilot program that you all are
20 doing was to develop an education program that increased booster
21 seat usage. How do you all measure usage? Was
22 there some baseline measure? How do you measure success of your
23 program? My main concern is that we are talking about a 5 year
24 program, and we will probably have to measure something annually
25 to see if we are having an effect with the various programs.

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 Were there any measures taken to say, okay, I will
2 program this, and we are having a little success here, and any
3 baseline, and then a follow-up, or anything like that?

4 MS. HIRTZ: Well, in our evaluation, we are using
5 a -- you know, it is very difficult to do a pre-test post-test
6 with a non-reading child, and so we do have more of a picture of
7 a kid, of three children, with one in a seat belt, and one in
8 nothing, and one in a booster seat.

9 And we give it to the child at the beginning of
10 the program, and how did you come to school or wherever we were,
11 and then how do you want to go home, and we will be looking at
12 the change there.

13 Now, in the actual usage, that is something else.
14 We survey seat belt and car seat use, and we stand on street
15 corners and drop-off spots at schools, and we see what the actual
16 usage is.

17 It is not necessarily who gets this program. It
18 is not connected. But, in Houston, we find that between a .8 and
19 a 2.3 percent booster seat use, and in the white children, it is
20 actually -- well, it is about 2 percent, and in the Hispanic and
21 Black, it has been about one percent, and Asian, we have not seen
22 an Asian child in a booster seat in our surveys.

23 MS. MCCRAY: And the surveys you have done, how
24 broad are they?

25 MS. HIRTZ: Well, it is a thousand kids, 3,000

1 cars, twice a year, and we have done it for two years.

2 MS. MCCRAY: Okay. And just one minor note. The
3 videotape I thought was really great, the astronaut.

4 MS. HIRTZ: Well, that is the instructor's guide
5 as you saw, because it teaches the instructor how to move the
6 puppet.

7 MS. MCCRAY: Okay. So they are actually
8 demonstrating. Was that the full videotape?

9 MS. HIRTZ: No, no. This is two minutes.
10 Actually, there is a whole classroom session from when the
11 instructor starts talking, and she will engage -- or he, will
12 engage the audience in some questions, and talking about seat
13 belts, and she will be introducing the character.

14 And we will say that you can't ask questions or do
15 anything like that. You can just raise your hands and answer the
16 questions that the astronaut asks you.

17 MS. MCCRAY: So the instructor may emphasize, and
18 the videotape may show something other than --

19 MS. HIRTZ: It is a whole list.

20 MS. MCCRAY: Okay. So you are able to see out of
21 the window and here are some safety features? I saw the shoulder
22 belt portion, but Sue Ferguson was talking about the fit, and
23 where we also have to be concerned about the lap. So things like
24 that are also on the videotape?

25 MS. HIRTZ: Not rally about the fit.

1 MS. MCCRAY: Okay. The lap portion of the belt?

2 MS. HIRTZ: We don't talk about the fit of the
3 seat belt. We just talk about buckling up, the importance of
4 buckling up, and of being in a booster seat, and sitting in the
5 back.

6 We do talk about fit in terms of the benefits of
7 using a booster seat, and that it doesn't rub on your neck, and
8 that you can see out the window better.

9 MS. MCCRAY: Okay. I just thought that was
10 another feature that should be addressed with the booster seat
11 and that it also does that job.

12 MS. HIRTZ: We give that job to the parent, the
13 fit.

14 MS. MCCRAY: Okay. Thank you.

15 MS. HIRTZ: I have to wrap up, but --

16 MS. MCMURRAY: That's okay.

17 MR. MEISSER: In your surveys, do you get a handle
18 on how and in what model the three point belt was used in the
19 rear, in the ELR or ALR mode?

20 MS. HIRTZ: Oh, no, these are strictly
21 observational at drop-off spots at schools mostly.

22 MR. MEISSER: And realizing that most parents have
23 no clue that they can switch in the more modern cars from ELR to
24 ALR; and if you are in an ELR mode, and you have a pre-collision
25 breaking, and then the breaking starts moderately, the seat

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

1 moves, and even the booster seat moves, and then you are in out
2 of position.

3 MS. HIRTZ: Well, you are absolutely right, and I
4 am a Safe Kids Coordinator for Houston, and in our car seat
5 checks, we checked 1,200 seats since the first of the year. We
6 do find this quite a bit. But you have to actually get in the
7 car and do some manipulation.

8 MS. DERBY: Just a quick question. I was going to
9 ask you how many schools you have this in, and how do you get it
10 from school to school? Who markets it for you? How do you get
11 instructors trained, and how does that all work?

12 MS. HIRTZ: Well, the instructors are my staff,
13 and I have three health educators on my staff, and we actually
14 present nine different programs on water safety, and car
15 passenger safety, and fire prevention, and all kinds of things in
16 classes.

17 And we promote ourselves through the
18 superintendent's newsletter and HISD, and we offer these classes
19 free to any group of at least 20 children. So this is just one
20 of a series of programs that we offer classes for.

21 MS. DERBY: I see. Thanks.

22 MS. MCMURRAY: Thank you, Sue. Well, we are a
23 little bit ahead of schedule, which is good news. It gives you a
24 little bit longer for lunch. We had a good variety of
25 perspectives, and ideas, and programs this morning.

1 And beginning at one o'clock, we have I think five
2 more speakers that I know also will give us some good ideas, and
3 some potential solutions to low booster seat use. So, enjoy your
4 lunch, and if you could be back here just a little bit before one
5 o'clock, we can get started on time.

6 (Whereupon, a luncheon recess was taken at 11:45
7 a.m.)

8
9
10
11
12
13
14
15
16

A-F-T-E-R-N-O-O-N S-E-S-S-I-O-N

(1:00 p.m.)

MS. MCMURRAY: Good afternoon. I guess we will get started with this afternoon's session. I hope that everyone had a good lunch, and had a chance to go outside and walk around a little bit, and enjoy the hot day, the regular sort of Washington summer, hot and humid, and the Farmers Market outside is always kind of interesting to talk to the merchants out there, and partake of some of their goodies.

Before we begin this morning, I had asked the audience whether there was anyone who needed a sign language interpreter. I know that some people have left, and there may be new people in the audience who may need some assistance.

Again, is there anyone who could use the services of Our sign language interpreter? If you would raise your hand, we will know. Otherwise, again we will send you off to other places and thank you very much.

Okay. This afternoon, we have five additional speakers, and one of the things that I thought I would invite the audience to do after you may have had a chance to talk about the presentations this morning, and you may have had some questions that came into your mind later.

I think that many of our speakers are still here. Does anyone have any questions they would like to ask to our speakers before we begin the afternoon presentations?

1 MS. AMONI: Well, I have a few. Sue, was there
2 ever an issue about the availability of child safety seats in the
3 sites that you were working in?

4 MS. HIRTZ: You mean in stores?

5 MS. AMONI: In stores, and I am assuming through
6 the education program that there was an interest in purchasing
7 seats. Was there any link with a retail establishment to get
8 seats available to certain communities?

9 MS. HIRTZ: No, we didn'T have any links with
10 stores. Now, our program has car seats available through our
11 Safe Kids Buckle Up events, and then we also are given a certain
12 number of car seats through the Texas Department of Health Safe
13 Riders Program.

14 And at the hospital, we can provide seats to
15 people who do not have any, and then there are several people,
16 several groups, in the community that we funnel seats to and who
17 can also get them seats on a limited basis.

18 MS. AMONI: Sue, I am asking questions of speakers
19 from this morning. Sue, I know that you are advocating fit
20 guidelines, and that is very difficult to enforce as we heard
21 from Bob regarding law enforcement agencies to respond to that.

22 If you had to give some guidance to the
23 Legislatures, in terms of the drafting of State legislation or
24 model legislation, and one advocate is saying that it should be
25 by age, which is easy to enforce because you just ask the child

1 their age, and you say fit, what would you recommend?

2 DR. FERGUSON: Right now I would recommend you
3 hold off on any legislation. I mean, seriously, I would, because
4 I don't know the answer to that. So what we are getting is a
5 patchwork of laws, some of which are -- and the latest one I
6 think from South Carolina has talked about fit.

7 And it has also got some weight guidelines in
8 there, and some of them are different, and their ages are
9 different. It is a real patchwork, and I think as far as we are
10 concerned, let's kind of get some more data in and get things
11 underway before we recommend anything.

12 DR. GOTSCHALL: Sue, if I could ask a follow-up
13 question. What would we need to have in place in order for you
14 to change your mind? What data would we need for you to say,
15 okay, now we have it, and let's make the laws.

16 DR. FERGUSON: Well, one of the things that I
17 think is important is getting a better notion of when a seat belt
18 -- for what group of children a seat belt is adequate. I don't
19 think that the data that are out there right now are adequate.

20 So I would like to see a bigger study, and more
21 kids, and more vehicles, and more booster seats. That's number
22 one; and I would also like to get better data on effectiveness
23 for different ages.

24 Right now I know that CHOP has done something for
25 3 to 6 year olds, and we are awaiting sensitivity analysis on

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

1 that; and I know that Volvo did a study where they looked at zero
2 through 14, but really weren't able to -- well, at this time I am
3 unable to give any better age range.

4 So if we knew, for example, that it was effective
5 3 through 6, then I think we would have better guidelines than if
6 we don't right now.

7 MR. MOUCHAHOIR: When we are speaking about
8 regulations, I just want to remind you that what we have in the
9 motor vehicle standards, we regulate the manufacturer.

10 And the other part of the use of child seats is
11 something with the State and local government laws, and that we
12 have nothing to do with.

13 DR. FERGUSON: I understand, but right now States
14 are putting laws in place to require seats that are not covered
15 by any government regulation on either a fit requirement or a
16 dynamic standard requirement.

17 So I am a little concerned about that, and that we
18 are telling parents to go out and buy booster seat, and any
19 booster seat will do, and without really having any idea about
20 what booster seats actually do in terms of a standard.

21 AUDIENCE QUESTION: I have one last question, and
22 it is for all four panelists from this morning. The TREAD
23 language is very specific about a 5 year strategic plan to reduce
24 deaths and injuries by the failure to use the appropriate booster
25 seat in the 4 to 8 age group by 25 percent.

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

1 Do you have any insights on how we might measure
2 that?

3 DR. FERGUSON: You want to look at effectiveness
4 you are talking about?

5 AUDIENCE QUESTION: What it is talking about is
6 reducing fatalities by 25 percent in the 4 to 8 age group by the
7 appropriate use of booster seats.

8 DR. FERGUSON: Good luck. I mean, all joking
9 aside, if you are looking at fatalities, you only have cars
10 really to look at that, and that is the only dataset.

11 And I don't know that you are going to have good
12 enough evidence from cars to know what booster seat, or child
13 seat, or seat belt, or whatever they were in. That is very
14 difficult to do.

15 I think that the best that you could do
16 is do some observational studies and just see at least from that
17 point of view.

18 OFFICER WALL: I talked about training, and in law
19 enforcement you have personnel investigate crashes. And the
20 Chief Investigators don't have the basic information.

21 Now, we can get reconstruction of the accident and
22 crash investigators who are trained to look at what we want them
23 to look at, and we will get better information in cars than other
24 databases that will say this is what will used, and its
25 effectiveness, and what happened or didn't happen.

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

1 But right now in some cases, we don't even get
2 that. We just get that a child seat was present, and that is
3 what we get.

4 DR. FERGUSON: I have a question, Bob. Are the
5 reconstructions done after the fact typically?

6 OFFICER WALL: Right.

7 DR. FERGUSON: Then you really need to have more
8 than just a reconstructionist then, because I am not even sure
9 these things would even still be in the vehicle.

10 AUDIENCE QUESTION: And wouldn't you have to
11 modify the police accident report?

12 DR. FERGUSON: The police who are going to the
13 scene of the crash I think would have to have better information
14 and better education, but that is a whole lot more education than
15 just the reconstructionist.

16 OFFICER WALL: Well, everybody, from the first
17 responder, and all the way to the reconstructionist, needs to
18 have some level of training. The reconstructionist is there to
19 put that crash back together and tell us what happened, whether
20 things were moved around or not.

21 DR. FERGUSON: Right.

22 OFFICER WALL: And using all the data available,
23 and so everybody needs to have training at some level, and until
24 we get some type of training that is institutionalized in law
25 enforcement, we are really not going to get a lot of good data

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 from crashes, and whether booster seats or car seats were used or
2 not used.

3 DR. FERGUSON: Well, the other thing, of course,
4 is that when you are looking at any of those kinds of data
5 measuring efforts or data gathering efforts I should say, you
6 often get a lot of missing data or data that just is not clear.
7 So I do think you really have a job on your hands no, Marilena.

8 MS. MCMURRAY: That's nice to know. Okay. Let's
9 launch into the afternoon, and we have five speakers. Our first
10 presenter is Dr. Lucy Weinstein, who is the Medical Coordinator
11 for Injury Prevention, at the Winthrop University Hospital, Long
12 Island Regional Poison Control Center. That is a long title.
13 Welcome.

14 DR. WEINSTEIN: Yes, thank you, and it is way too
15 long to put on my mailing labels, et cetera. Hi, I am a
16 pediatrician, and a preventive medicine physician, and I am one
17 of the lucky, very luck people to have one of the NHTSA booster
18 seat promotion grants.

19 And I also happen to be a certified tech. I
20 started my training with Lorrie Walker a long time ago. I was
21 going to comment on the evaluation measures last, but since it
22 was just brought up, may I also put in my two cents worth.

23 And to reemphasize that it sounds like the data
24 are not yet available to be able to use a measure of 25 percent
25 reduction in fatalities from non-use or not appropriate use, and

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 that perhaps we modify that temporarily at least by using what we
2 know at least to be a proxy for use by younger children, in terms
3 of preventing injuries and deaths, and that is booster seat use.

4 So if we can aim for our evaluation measure being
5 increased by a certain percentage of booster seat use, at least
6 we certainly know from Dr. Winston and other wonderful studies
7 that the use of booster seats, at least in these younger
8 children, does prevent deaths and injuries. And so it can be
9 used as an appropriate proxy measure.

10 MS. MCMURRAY: We have looked at the feasibility
11 of that, and I would be interested in either your reaction or
12 others, or people in the audience, about what that calculation
13 conversion would be to achieve a 25 percent reduction in the age
14 groups of 4 to 8. And what would use have to increase to in
15 order to achieve that reduction level?

16 DR. WEINSTEIN: Well, I won't address that, as I
17 am certainly not equipped to do that.

18 MS. MCMURRAY: Others might.

19 DR. WEINSTEIN: Yes. But what I will try to
20 address is the part of the puzzle -- and I apologize if it has
21 been mentioned before, but I was not here early this morning.

22 I found the hazards of drowsy driving leaving
23 early this morning when I left my house in New York, and drowsily
24 broke my headlight on the side of the garage door because my
25 husband's car was in an unusual spot.

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

1 But in any case, the part of the puzzle that
2 perhaps I hear talked about all the time, and has not been
3 addressed is getting those darn doctors, the health care
4 professionals, educated and more involved in the picture.

5 One major target of our efforts in Nassau County,
6 Long Island, which many of you know is fairly affluent, but we
7 also have pockets of poverty, and it is a large suburban
8 population just next to New York City.

9 One major target is the health care professionals,
10 among others, and as a pediatrician, it has worked well for me to
11 address my peers. Unfortunately for many of you, and fortunately
12 for me, physicians seem to listen better when it comes from other
13 physicians.

14 And I would urge you to try and tie in with a
15 physician, and I will talk later about how you might address
16 that. But first let me mention another group that I have had a
17 lot of luck with, and that many of you may have as well.

18 And that is the Head Start population. That is
19 one of our other targets, and this just happens to be little
20 Julianne, whom I saw in the typical position with a seat belt,
21 and of course the shoulder belt behind her back, and the lap belt
22 as well is way too high, although you can't see it here.

23 And she gets uncomfortable and her grandmother
24 says that she has to sit up on her knees to see out. Actually,
25 she is one of the restrained ones. Most of the kids that I saw

1 on initial observation were totally unrestrained.

2 And when I asked her why she puts the shoulder
3 belt behind her arm, because this is what it looks like when she
4 puts it in front, and she is not very happy.

5 And so we gave her a booster seat, and she is now
6 reasonably happy, but it is interesting that she instinctively,
7 even though that shoulder harness is now in a more comfortable
8 spot we would think, she still instinctively puts it behind her
9 back.

10 And luckily her grandmother is now educated, and
11 Headstart parents and families are required to be involved, and
12 Headstart Personnel are wonderful, and interested in helping
13 safety issues, and are very vigilant in promoting booster seats I
14 found.

15 And so the grandmother was willing to work with
16 her, but we commented early among us that many children who are
17 so used to putting the shoulder belt behind their arm, or if
18 parents allow it or actually encourage that, it may be more
19 difficult to get those children used to having that shoulder belt
20 in front where it belongs.

21 Here is just my local Headstart personnel, who
22 really have been fabulous. So I would urge those of you who have
23 not tried this population is that it is a nice self-contained
24 population, and perfect age group coming out of car seats into
25 booster seats.

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

1 They are all low income, but they are motivated,
2 and they are different than some of the low income populations
3 that we see. But getting these kids into booster seats is
4 probably easier than some of the other populations, and once
5 their friends and families see them in booster seats, it may be
6 easier to get others into them.

7 One thing that we have used as some incentives, of
8 course, and I made up these cute little tee-shirts with our logo,
9 and we thought it went beyond the writing with Ms. Hen, and it is
10 the booster roster, and it says don't be a cracked egg. Be a
11 booster rooster.

12 So this is our logo for the younger age groups,
13 and obviously this doesn't work for the older kids; and know that
14 the NHTSA website is not incorrect. You can still get to it
15 without putting in the DOT.

16 Everybody says that is wrong, but as of now you
17 can still get to it that way, and it a lot easier for people to
18 remember. So my apologies if it is not absolutely accurate. But
19 I find that it works better for people to remember.

20 And so what we did or part of what we did was an
21 initial observational survey in Nassau County, where I and some
22 other trained techs studied families in parking lots, in cars at
23 fast food restaurants, and in hospitals, clinics, doctors
24 offices, toy stores and elementary schools, nursery schools, and
25 child care centers, and Headstart centers.

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

1 So basically anywhere that you could find children
2 of the appropriate age, and as you might expect, as you found
3 elsewhere, and as many of you have found elsewhere in the
4 country, only about 7.1 percent of those children who
5 observationally by size measured physically, and not just
6 glancing in, but those who would have needed booster seats, only
7 7.1 percent of them used them.

8 And this is a really fairly affluent educational
9 population, and I got a decent cross-section by going to all
10 these sites. I should mention that six of the kids were in
11 shield boosters, which was not appropriate, and 29 percent were
12 unrestrained, and 57 percent were in seat belts, and 20 percent
13 with a shoulder belt behind their arm. I don't think that any of
14 this is of a surprise to most of you.

15 There were some in regular car seats with
16 harnesses, or those so-called best positioning devices. Of
17 importance for what I am going to say further is that of course
18 most parents did not really know what booster seats were for,
19 although 72 percent at least had some partial knowledge to say
20 that at least booster seats improved the safety of children in
21 cars.

22 And 22 percent had absolutely no knowledge of what
23 a booster seat was and what it was for. And 6 percent full
24 knowledge, but which I define as a booster seat lifts the child
25 up so that the seat belt fits correctly.

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 In terms of where they got their information from,
2 what I was particularly interested in was whether any of them got
3 it from health care professionals.

4 Unfortunately, only 8 percent said that physicians
5 were a source of any kind of information. Most of their
6 information came from magazines, and a number of sources --
7 friends, relatives usually, and many of these, or they weren't
8 really sure, or all of those, except health care professionals.

9 And so what I did was try to improve that, and
10 what I did find that did not work was putting notices in
11 newsletters for the society, the physicians' societies.

12 For example, I'm the Chair of the Injury
13 Prevention Committee for the Nassau County Pediatric Society.
14 Every time there was a newsletter, I put a little child passenger
15 safety update with my phone number that if you would like further
16 information, please give me a call. I got zero calls.

17 What did work was fairly labor intensive, which
18 was going to the physicians, and providing grand rounds, and
19 providing updates for the residents at their lunch hour.

20 Yes, it was me, but I think there are other
21 physicians out there who may be willing to do it, and once we
22 have trained more -- and we are training more -- to be either
23 certified or at least knowledgeable enough to provide some basics
24 and to tell people to go for additional resources, and of course
25 that is the key.

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 For physicians to know what they don't know, and
2 to tell parents and families where they can get that information.

3 So I just went to some pediatric offices, and provided
4 materials.

5 I also provided booster seat prescriptions.
6 Parents like to be able to say that the doctor says you must wear
7 a booster seat, and it takes the onus off of them, and we know
8 that there are too many permissive parents out there who will say
9 that my child won't sit in one.

10 But if they can say that the doctor says you have
11 to, and here is a prescription. Of course, it is a fake
12 prescription, and you can't get reimbursed by your insurance
13 company.

14 And so I would bring these around. This is not my
15 idea. The New York State Department of Health, Bureau of Injury
16 Prevention, made these up for bicycle safety, and so I took that
17 idea for booster seats.

18 That seemed to work pretty good well. Parents,
19 whose children were given this prescription
20 -- and this is antidotal. We will be going back and doing a
21 follow-up study, but antidotally these kids would be wearing or
22 using their booster seats.

23 I mentioned other ways to get physicians involved.
24 Physicians are more likely to listen as I said to other
25 physicians. They also like talks that are different from the way

1 that talks would be given to other groups.

2 They love data, and they love charts, and they
3 love graphs, and they love scientific stuff. So, they are not
4 going to be available or interested in coming to some of the
5 other presentations, some of the other talks perhaps that might
6 be given.

7 They need to be tailored directly to the
8 physicians, and I would wonder whether we could come up with a
9 shortened curriculum which would be tailored to physicians
10 specifically or other health care providers.

11 That, as I said, would be more of a scientific
12 bent, because they may be more likely to do it. I am pleased
13 with what the Academy of Pediatrics has done already. There are
14 chapters as I said in every State, chapters of pediatrics, most
15 of which have an Injury Prevention Committee.

16 If you can find out the person in that State, and
17 get that nationally, contact them, and they can find for you
18 physicians in each region, because I do think it is important for
19 physicians to address physicians.

20 I would like to see the Academy of Family
21 Physicians do a little bit more. I am not aware of any materials
22 from them. Physicians will read materials that were put out by
23 their society.

24 I have seen American Medical Association
25 brochures, and AAP has a lot of stuff, and I would like to see

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 things perhaps from Family Practice in a brochure on booster
2 seats, and co-written, and co-sponsored by emergency medicine
3 physicians as well.

4 Just to mention that I work with our traffic
5 safety board, and there are all our booster seats from our Boost
6 America. I wish our local toy stores and juvenile product stores
7 had more available booster seats.

8 But unfortunately all I could find was in our
9 Toys-R-Us, which were high-back boosters with harnesses. When
10 parents are shown the lightweight boosters, and when I
11 demonstrate them, they are very interested, particularly in using
12 them for car pooling. I know that some people don't like
13 those foam boosters, in terms of how you have to position the lap
14 and shoulder, but I found them wonderful in terms of parents
15 being willing to use them.

16 And I put brochures in Toys-R-Us, et cetera, and I
17 will wrap up with my favorite slide, which is unrestrained
18 children, the most common form of child abuse. Thank you.

19 (Applause.)

20 MS. MCMURRAY: Thank you, Dr. Weinstein. Any
21 questions? Cathy.

22 DR. GOTSCHALL: Thank you very much, Dr.
23 Weinstein. I have a question about the kind of counseling that
24 physicians or pediatricians give their patients and the families
25 that they deal with.

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 And that is with regard to booster seats, do you
2 have any feel for up to what age physicians promote, and --

3 DR. WEINSTEIN: They don't have a clue. Most of
4 them don't have a clue, and it is kind of -- it is very
5 unfortunate.

6 DR. GOTSCHALL: Is there an age or a height that
7 they seem comfortable with?

8 DR. WEINSTEIN: They seem to like age -- or at
9 least I found locally, they say very emphatically because they
10 have seen some of the national recommendations, but age eight.

11 And it is natural or it is understandable that
12 they certainly don't have the information to go beyond that and
13 think about fit. But they do like age eight.

14 DR. GOTSCHALL: And if they had some more
15 information, and graphs, and charts, that supported the use of
16 booster seats for older or bigger, or larger children, do you
17 believe that pediatricians would be a good partner and advocate
18 in pushing that?

19 DR. WEINSTEIN: Yes, if more work is done to get
20 them educated. Dr. Winston has done wonderful work, and Dr.
21 Bull. Marilyn Bull has done great things, particularly at our
22 national pediatric meetings.

23 What worked wonderfully was to have a station, a
24 child passenger safety station, with a little test, find the
25 inappropriate use of child seats, and find the mistakes.

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

1 And pediatricians swarm to that, and they have
2 learned. So that kind of hands-on thing would work. Once they
3 do that, then you can educate them, but as of now, I don't think
4 enough of them really know a whole lot about booster seats.

5 I still hear from them comments like, oh, the kids
6 will never use them, which is really for pediatricians to say
7 that makes -- and they have said that.

8 And you all know that the parents always say,
9 well, but my pediatrician said.

10 DR. GOTSCHALL: And they said that about bike
11 helmets before the kids started wearing that, too, right?

12 DR. WEINSTEIN: Yes. The younger physicians,
13 especially those who have their own children, seem to be much
14 more open to learning about it and much more interested.

15 So I am gearing a lot of the talks to the
16 residents, the young residents, and the young staff, as opposed
17 to the community talks to the grand rounds. The new up and
18 coming pediatricians are more likely to listen.

19 MS. DERBY: I am interested in how you feel about
20 the use of media to deliver booster seat education.

21 DR. WEINSTEIN: That is a good question and that
22 was a comment that I was going to make, but I didn't have the
23 time. Different messages work for different groups. You all
24 know that.

25 For the higher income families, the media is very

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

1 good, because they will say when they look at a seat, oh, I saw
2 that on 20-20, or I saw that on whatever. I read about that
3 study, you know, in the New York Times.

4 Whereas, low income families, I guess a different
5 sort of media would work. But we need more of that so that
6 people are becoming -- you know, just a combination of the four
7 E's of injury prevention, and a combination of the education, and
8 having the seats available, and having the laws eventually,
9 however that will work. And it will all work in concert to get
10 better use.

11 MS. MCMURRAY: Other questions?

12 AUDIENCE QUESTION: You said that you were going
13 to do a follow-up on the safety surveys?

14 DR. WEINSTEIN: Yes, I am doing that now as part
15 of the second year of the NHTSA grant, and to go back to the same
16 sites and to see if we have made a difference.

17 At Headstarts, I have been very encouraged. I
18 have gone back to a few of those, and I have not done it
19 officially, and have done accounts yet, but I have seen drivers -
20 - not parents, but I have seen, for example, one woman who for
21 hire, for money, will transport children, and she actually had
22 all the kids originally in shield boosters.

23 And she was willing to give up taking one child,
24 giving up money because there was not a shoulder harness in one
25 of the positions, and I told her that it just wasn't appropriate

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

1 to transport that child.

2 She took off the shields, and when I came back a
3 year later, she had her kids in booster sheets. So it is amazing,
4 and this is a very low income Headstart population. So, I am
5 hopeful.

6 MS. DERBY: I have one question about Headstart.
7 What kind of resources do they need? When you approach them,
8 what do you find that they have in-hand?

9 DR. WEINSTEIN: Not much, and I don't think that
10 you necessarily need expensive -- not that they are not useful
11 and wonderful, and useful, but if you don't need the money, you
12 just need somebody willing and able to go in there and give them
13 some of those wonderful NHTSA brochures, and the bilingual SAFE
14 KIDS, and show them some seats.

15 And, of course, some seats which I have been
16 fortunate enough to have to give them, and a little talk.
17 Parents must meet, and that is a requirement of Headstart. There
18 must be parents meetings.

19 And you give them a little talk, and explain in
20 ways that they can understand, and with an interpreter if you
21 need one. We have a lot of bilingual people. And to explain
22 what a booster seat is.

23 And they swarm around those seats and they want
24 them. They really do. So I don't think it requires a whole lot
25 of stuff to give them, because the Headstart personnel are

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

1 usually very good about it, and very committed, and they believe
2 in it.

3 AUDIENCE QUESTION: I just had a quick question on
4 the observations. Were they mostly done at clinics?

5 DR. WEINSTEIN: No, most of them are actually done
6 at McDonalds. I ate lots of french fries. No, they were done --
7 I tried to get a good cross-section, and I compared my
8 demographics, and those families that I saw, with those of the
9 county, and they matched fairly well, with some over-sampling of
10 low income.

11 As I said, parking lots of -- anywhere where you
12 can find kids, and mostly not clinics. A few.

13 AUDIENCE QUESTION: I guess the reason that I was
14 asking the question, because we are wrestling with the idea as
15 well, in terms of how to determine use, and we know a lot of
16 times in minivans and things with windows that are darkened, it
17 is very difficult to do.

18 DR. WEINSTEIN: Yes, you can't. I agree. I found
19 that you can't do it that way. You have to stop the cars, and I
20 sort of pop out as the -- because I was trying to look at
21 restraint use of the driver as well.

22 So I would pop out from behind a car, and I would
23 have a smile, and so I am not usually scary, and hopefully do it
24 in warm weather so that their windows are open so you don't have
25 to rap on the door, and explain who I am, and say I am interested

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

1 in providing information, and getting information about child
2 passenger safety, and may I please take a look at the car seats
3 or whatever, or how the kids are buckled.

4 And I glance in quick before the kids -- this is
5 before they are about to unbuckle, or when they are buckled, and
6 just before they are about to leave the parking spot.

7 But I find that you have to do it that way,
8 because you are right. Even sometimes when I have glanced in a
9 dark window of a van, I have missed kids way in the back. So I
10 am kind of leery of doing the studies where you just stand on the
11 corner and look in.

12 I don't think that you can specifically see, and
13 especially booster seats, that way. They may be in one and you
14 can't see it. It may be a low booster.

15 But it is not that hard if you have some trained
16 techs to go to these sites, and do a quick and dirty observation,
17 and booster seats takes a lot less time than regular child
18 passenger car seats. The nuances aren't there of the harness and
19 the fit, and the tightness, and all that stuff, which I did for
20 the other study.

21 MS. MCMURRAY: One final question and then we will
22 move on.

23 AUDIENCE QUESTION: You mentioned earlier about
24 developing a curriculum possibly for doctors. I am just
25 wondering how you see that being delivered into that system?

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

1 DR. WEINSTEIN: I will leave that to the Academy
2 of Pediatrics. They have other learning tools. They have slide
3 presentations delivered through the academy to the Chairs of the
4 Injury Committees. I know that happened at least in my area, and
5 anybody can borrow it and use it.

6 But I would imagine that it would be a little bit
7 different. You would want to have someone trained in each area
8 in each region to then provide that training. I think we are
9 getting enough pediatricians now who are trained techs to be able
10 to perhaps provide that training.

11 It is not a complete certification, but enough for
12 a pediatrician. I would like to see that for family physicians.

13 They are providing a lot of the care for a lot of these kids,
14 and I am not sure -- I have not met too many family doctors at
15 any of these meetings. I met one who were doing that and there
16 is a need here.

17 MS. MCMURRAY: Thank you, Dr. Weinstein. Now to
18 get a State perspective, we have Ms. Lorrie Walker, Statewide
19 Child Passenger Safety and Resource Center Administrator, from
20 the Florida Department of Transportation.

21 MS. WALKER: Let me clarify that I am not from the
22 Department of Transportation. I am funded through the Department
23 of Transportation. So just to make that clear.

24 I work out of a university that has a grant
25 through the State Highway Safety Office. So that out of the way,

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

1 let me get on to some of the bigger issues that really concern us
2 in the State of Florida, and I am sure most of you, in regards to
3 getting these kids who are supposed to be in restraints, and
4 particularly in booster seats, and how we do it.

5 I am going to look at four different areas today.
6 Very quickly looking at legislation, data collection,
7 regulations, and then education, and what are some of the
8 education programs.

9 I feel like at this point in time in our society
10 it has to be so totally repulsive to us to see children riding
11 unrestrained that we have to act very aggressively to attack
12 this.

13 Almost as much as you would think it would be
14 ridiculous to put a cigarette or an alcoholic drink on the school
15 lunch tray, I want you to think about kids riding unrestrained in
16 cars the same way.

17 Too many kids get away with it, and too many
18 parents don't have the strength to tell their kids that, no, you
19 cannot ride unrestrained. And I think that Flaura mentioned it
20 this morning that we have to give parents the tools and the right
21 to go ahead and educate their children and to protect them.

22 So what are the ways that we do that? We know
23 that legislation sometimes works, and it sometimes reaches some
24 people, and I would like to see that once we develop some kind of
25 better framework, legislation that would require kids up to about

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 age eight to ride in a restraint.

2 I know that we know in this room that 80 pounds
3 and 4 foot 9 is the appropriate time to move from a child
4 restraint into a seatbelt. But most parents don't know that, and
5 most people who are working in stores don't know that.

6 And most doctors don't know that, and so we have
7 to pick a number that is usually easy for people to understand
8 and remember, and that would be an age.

9 If we did the eight year old, we would probably be
10 reaching far more children who are appropriate, and would never
11 fit in the adult seatbelt if we just let them go from the car
12 seat to the regular vehicle seat.

13 So I would like to see the legislation that we
14 draft be primary if we do so that law enforcement has a right to
15 stop a vehicle, and make sure that those children are properly
16 restrained.

17 Also, I would like for us to have a better
18 definition what a booster seat is. Dr. Ferguson mentioned that
19 today. We don't know what a booster seat is.

20 We know that it sometimes lifts a kid, but parents
21 sometimes are using these after-market products because they
22 think that qualifies as a booster seat. We have to come up with
23 a clear definition, and draw it out, and show people what it
24 looks like.

25 But we don't want to limit the creativity of

1 manufacturers. That is absolutely one of the worst things that
2 we could do by saying that it must look exactly like this. It
3 has to have some variables.

4 And I think what we want to do is study existing
5 laws to be sure that we have -- that when we do write a law that
6 we have one that is actually strong based on some of the
7 weaknesses that we have seen in other laws.

8 We can study now other States that have booster
9 seat laws, and determine what they have done, and decide whether
10 that actually meets our needs for our particular States. So
11 let's not jump into action just to say that we have booster seat
12 laws.

13 My next area of interest to me is data collection.

14 At this point in time, we don't know how many kids are writing
15 in car seats. We don't know how many are in infant seats, car
16 beds, vests, booster seats, convertible seats, forward facing
17 only seats. We know nothing. Am I right?

18 We don't know how many kids are riding in booster
19 seats. How are we going to be able to increase child safety if
20 we don't know how many kids are actually riding in seats?

21 So my feeling is that at this point that we need
22 to do some kind of a national child restraint survey, much like
23 we do with seat belts, to determine what the use rate is in this
24 country.

25 We are assuming that less than 10 percent of kids

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

1 are riding in booster seats, but we don't know. The only way we
2 know that number is through crash data, and as you heard earlier
3 in the dialogue between Marilena and Bob Wall, we only know that
4 from crash reports.

5 I can tell you from having done child death review
6 in the State of Pennsylvania that there were crash reports where
7 it said the child was in a restraint, and the narrative told me
8 that the child was found 50 yards from the vehicle and there was
9 no explanation.

10 So the FARS data showed a child restraint was in
11 use, but we never really understood how that kid got outside of
12 the vehicle. Was the harness not buckled or did the harness
13 fail. What happened with the child.

14 A lot of the crash reports now just say child
15 restraint in use? Yes/No. So if the child was sitting in the
16 seat without the harness, do you record it as a yes, yes, he was
17 in a car seat; or no, because he wasn't harnessed.

18 And so our data is very skewed, and we really have
19 no way of knowing how many of these kids are appropriately
20 restrained by age and weight.

21 So we also have untrained crash investigators,
22 which Bob Wall has again alluded to earlier, and those
23 investigators need to know if a harness was used or wasn't used.

24 How do you check the harness, and how do you know if those
25 harnesses were actually in the right slots.

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

1 And so when we talk to crash investigators, they
2 are stunned to know oftentimes that the information that you use
3 when you do adult calculations are very, very different than when
4 looking at a child occupant.

5 And so to date our data is very, very poor, and
6 how do we design product, and how do we design laws, and how do
7 we educate when we don't know what we are working with. I think
8 we have really got to work very hard in this next five years to
9 come up with some hard data.

10 So I would like to see a national survey. I would
11 like to see a plan that we develop after the survey. You know,
12 once we have got that all together, let's develop our plan then.

13 Let's get some uniform crash data together, and
14 maybe the crash reporting forms, and maybe it is the way that it
15 just written, the questions that are written.

16 But somebody should be looking at this so that we
17 have a better sense of what is going on at the crash scene. I
18 would also like to see NHTSA and the CDC -- I know that people
19 are going to cringe at this because it is another study.

20 But I would love to see NHTSA and CDC conduct
21 injury surveillance to determine the consequences of those kids
22 who are 4 to 8, and who were riding in lap belts or lap-shoulder
23 belts, so that we actually have some information that tells us,
24 yes, that it is fine to move our child at four, or six, or seven,
25 into a lap and shoulder belt, or a lap belt.

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 But we need to know what the actual injuries are,
2 and to date it has been very difficult to get that information on
3 a national basis. So perhaps if it were done through CDC and
4 NHTSA, perhaps if we had that data that we could then link costs,
5 both financial and physical, and we could use that as part of our
6 education for future programs.

7 And then we would like to make that information
8 available to people so that at least there is a foundation when
9 parents go to buy a seat, and we tell them that a child who is
10 seven needs a booster seat that we would have actual injury data
11 to support that with.

12 And regarding regulations. We have FMVSS 213, and
13 we all know that goes to 50 pounds, and a lot of these booster
14 seats go to 80 pounds. We have given the manufacturers an
15 impossible task.

16 So work with 213 to make a product that is going
17 to fit kids that are 30 pounds beyond what the regulations calls
18 for. A lot of the manufacturers have done that. They have gone
19 beyond, but they are using their own criteria to test it, and
20 they need some help from us on that.

21 Also in regards to technology, there is so much
22 more technology in the vehicles today in safety equipment, and I
23 would like to see regulations so that we would have a better
24 understanding of that safety equipment and how it interacts with
25 children.

1 I guess I want to move on to the education piece,
2 which is the last part, and I am just going to do this very
3 quickly. Education right now is where we have booster seats that
4 are currently unattractive to children.

5 These are products that kids look at and groan.
6 They don't want to do in it, and they don't see a benefit, and
7 the parent actually has a hard sell. So what do we have to do to
8 make kids want it. Advertising came up earlier, and I
9 would love to see a commercial that says boost your kid, boost
10 your kid, boost your kid, and have it be something fun,
11 interesting, exciting.

12 When Christmas is coming, I want kids to ask their
13 parents for a booster seat. I want the kids to drive this for
14 us. I want the kid to say, well, all my other friends are
15 sitting in one, and why can't I have one.

16 So we have got to advertise it, and Flaura
17 mentioned earlier about using the marketing piece. We don't do
18 that very well. We do it clinically, and we do it in a very cold
19 manner.

20 Kids need color and they need activity, and they
21 need lots of opportunity to say, wow, that's cool, and I want it.

22 So we have to do a much better job of that. We also have to
23 teach kids how to protect themselves, because a lot of parents
24 out there are not doing it.

25 So we have got to develop programs and education

1 that kids can begin to self-protect, not only in motor vehicles,
2 but in bicycles, school buses, as pedestrians, and all that whole
3 safety piece. I am wrapping up already.

4 Okay. Three tiered programs. We have got to get
5 to providers of care, and we have got to get to parents, and we
6 have got to get to kids, and if we don't have the same message
7 going out to each one of them, we have failed miserably.

8 It has to be short, sweet, and to the point, and
9 kids and parents always -- I think parents always want to do what
10 is best for their kids, but they can't remember all these
11 numbers.

12 They can't remember was it this, or was it that.
13 Was it 4 foot 2, or was it 87 pounds. They don't know. Make it
14 simple and make it easy. And I would like for us to be able to
15 go back to the advertising piece.

16 I would like for us to be able to work with the
17 media. Lisa Zagarelia is here today, and I saw her name out
18 there. I don't know what she looks like, but that woman has
19 written more articles about seats and car seats.

20 She is a technician, and that is the kind of thing
21 that we need to see from our media; people who are writing in an
22 informed manner, and who have the education and the technical
23 ability to tell parents what they really need to know, and not
24 just the graphic headline of air bag kills child. We know that.

25 I thank you for your time and hopefully we can make a

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

1 difference.

2 (Applause.)

3 MS. MCMURRAY: Any questions for Ms. Walker?
4 Cathy.

5 DR. GOTSCHALL: Thank you, Lorrie. It is great to
6 see you. You mentioned a need for more Federal data on seat use,
7 booster seat use especially. I was wondering what your thoughts
8 are about the need for good local data so you can tell if your
9 program is making a difference. So let's say State data, and how
10 you think would be the best ways to go about getting that.

11 MS. WALKER: Well, I think we have seen bits and
12 pieces of people who have done the local data, the local
13 programs, and local studies. But it doesn't have the impact I
14 don't think, and when it comes down to designing a local program
15 that would be great.

16 But as a State, I need to know what the national
17 goal is. I need to know what the national numbers are, and then
18 I can compare myself. I can have something to work with. But I
19 don't know of many States that have even done child restraint
20 surveys.

21 They may have done them in-part, and they may have
22 done certain communities because there is a program or an
23 incentive, or a pilot somewhere. But a
24 uniform study done every year like we do with seat belts.

25 Look at the programs where so much money is put

1 into advertising, and we can't do that unless we have numbers.
2 So let's get national numbers first, and then begin to work from
3 that.

4 MS. MCMURRAY: Other questions?

5 MS. DERBY: Lorrie, it is my understanding
6 that you have established an 800 number in the State of Florida?

7 MS. WALKER: Yes.

8 MS. DERBY: Is that an effective technique? Do
9 you get a whole range of calls from that?

10 MS. WALKER: We get numerous calls, and not only
11 have we established the 800 number, but it is actually staffed by
12 multilingual people who are certified technicians.

13 So anybody calling in who is hispanic, who is
14 Haitian, who is French -- Florida is a very diverse State, and
15 anybody who has a question about a car seat can call in and ask
16 about the locking clip in Creole, and someone can explain it to
17 them so that there is access.

18 And it doesn't limit who can call. You know,
19 someone from Pensicola gets the same information as the person
20 from Key West. So an 800 number we have found has been extremely
21 useful in linking us to folks all around the State.

22 MS. DERBY: That is really impressive. Thank you.

23 MS. AMONI: Lori, you had mentioned that you get
24 State funding. How much success have you also had with private
25 funders at the State level, or in local programs in Florida?

1 MS. WALKER: A lot of our local programs do get
2 private funding, but my program is completely funded through the
3 Department of Transportation. So at this point we are working
4 about 80 hours a week just as it is on the program that the State
5 funds.

6 But other programs that we have had spin off from
7 us, and people who have received training from us, and who have
8 gone into their local communities, and the Sugar community may
9 provide time for someone to come out and do a car seat checkup
10 event, or a local car dealer may provide money so that seats are
11 purchased.

12 So we have had some pretty good success, but we in
13 Florida have set a really high standard on what a fitting station
14 is. You have to meet our qualifications to be a fitting station
15 and to obtain seats.

16 You can't just say that I am a fitting station and
17 it is Joe Blow, who has had three hours of training. You have to
18 be a certified technician, and if you need seats for your
19 program, then that comes through the State Highway Safety Office
20 to grantees.

21 We have a very, very aggressive program at our State Highway
22 Safety Office.

23 MS. AMONI: And those local programs, who are some
24 of the biggest partners? You mentioned car dealers?

25 MS. WALKER: Car dealers, insurance, the sugar

1 manufacturers. You know, it is just who is the local big shot,
2 and who is the person with the biggest number of people working
3 in their community. Who is the bigger employer.

4 MS. AMONI: And are those private funders also
5 funding the minority outreach programs as well?

6 MS. WALKER: You know, I can't say that they are
7 at this point, but that is a goal for us. I mean, we are really
8 pushing to have more programs in the minority communities, but
9 actually staffed by folks that we have trained in the minority
10 community, and not outsiders coming in, but insiders who are
11 trained.

12 MS. AMONI: Thank you.

13 MS. MCMURRAY: Anyone else? If not, thank you,
14 Lorrie. Our third speaker this afternoon is from the National
15 SAFE KIDS Campaign. She is the Director of Child Passenger
16 Safety, Karen DiCapua.

17 MS. DICAPUA: Hello. It is good to be here and
18 thank you for staying. We were seeing the mad exodus, and I was
19 wondering if by the time I got up if we were going to have people
20 here.

21 I am taking some of my 10 minutes to ask, and if I
22 could see a show of hands, but how many of you think that the
23 first thing that we should do is get a puppet named Officer Bob
24 Wall that could be next to Astronaut Alex? Could you not see him
25 on a little stick? Sorry, Bob.

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

1 I am going to jump right into a list of
2 recommendations that the National SAFE KIDS campaign has put
3 together, and if I share the first one with you, I am sure that
4 there is going to be -- just because of the discussion this
5 morning, some oohs and ahhs, but we thought it was really
6 important to provide guidance and resources to fill the gaps in
7 existing child occupant protection laws.

8 When we looked at the list of questions that were
9 generated by NHTSA as a guide, and we thank you for those for
10 this meeting, and in looking at an education plan, so many of the
11 answers to those questions were laws and enforcement of those
12 laws.

13 And I think we are all in a situation right now
14 where we are not sure whether we do the egg or the chicken, and
15 who hatched first. What is going on. What should we do. Do we
16 need the laws in order to have the usage in order to look at the
17 data?

18 Do we need the laws to educate the families so
19 that they start to use the seats so that the statistics that we
20 are hearing from Flauro this morning, that we just don't see that
21 anymore?

22 I think as a campaign that we felt like there is a
23 need for us to initiate these laws, and to get them going, and
24 that in-turn is going to provide us with a lot of information
25 that we are looking for. And I know that it is

1 controversial, but I do believe that we feel confident that that
2 is the direction to go. Now, are we sure that our model law and
3 8 years, and all of the qualifiers of it are the best?

4 Absolutely not, and so part of this recommendation
5 is asking NHTSA to convene all of us and to really try and come
6 up with one common model legislation that we truly believe in,
7 and to look at the existing laws, and what has been passed, and
8 what has caused Governors when they are on the table in front of
9 them to veto them, which I am sure that a lot of you know has
10 happened recently.

11 Two. Partnering with manufacturing associations,
12 and retailers to create point of purchase display of key
13 educational messages, and I have one word for this
14 recommendation, and that is Granimals. Does everybody remember
15 Granimals at Sears?

16 You would go in and -- you don't remember
17 Granimals? Maybe it was because I was just a chunky kid and my
18 mother always shopped at Sears, and I had to get the tough skins.

19 So you had one card that had half-an-animal on it, and then you
20 would go and search for the other half, and everything would
21 match.

22 There has got to be an easier way for families to
23 be able to know what kind of seat they are looking at. We have
24 asked them that when they go into stores, they have no clue what
25 seat is for their child, and what age, and what they are picking

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 out.

2 If there was some universal color coding system,
3 and we have thrown these ideas around at our campaign, and tried
4 to decide what we think is best, but again brainstorming, and
5 having everybody come together and come up with one universal
6 system that we are using, whether that is numbers, a step system,
7 or colors, and encouraging retailers and manufacturers to use
8 that universal system.

9 Recommendation number three is to provide
10 educational materials, such as public service announcements,
11 teaching videos, interactive presentations, and instructor
12 updates, and support an external team to review these materials.

13 I did know that in one of the -- someone has
14 written comments, and I apologize as I am not remembering exactly
15 who did it, but there was a suggestion of using the CPS Board,
16 and/or an extension of that Board, to provide that external
17 support.

18 And I think that that is a great idea. If you
19 look at how the Board is made up, and who the members are, it is
20 most of the organizations that are involved on a day-to-day basis
21 on this issue.

22 And I think that NHTSA just this morning, learning
23 things from other organizations, I think that we all have a lot
24 to learn from each other. So I ask you to please look at that.

25 And recommendation number four is to collaborate

1 with other public and private sector safety, health, and
2 education organizations to spread educational messages and
3 resources.

4 Once this educational plan is developed, there is
5 going to be a lot of great tools out there, and on behalf of the
6 National SAFE KIDS campaign, we have over 300 coalitions around
7 the country that are begging for this kind of information and
8 materials, and are a great way to get this out to the community.

9 But there are a lot of great organizations that
10 can get this information out to families, such as ENA, and ICP,
11 and AAA, and I apologize if I am leaving out organizations.

12 And lastly one that I am not going to spend as
13 much time on, but we did feel like it was important to mention,
14 and that is the enhancement of the booster standard, and making
15 sure that it reflects real world conditions, new medical
16 research, and technological advances.

17 And I would say that one of the challenges that
18 you are going to have that we continually have is making sure
19 that you build in flexibility to this plan, because if we look
20 back at just a year ago with our model legislation, and with our
21 brochures, we are constantly reevaluating.

22 And I think that one of the problems that people
23 get into is that bulk 300,000 order of a brochure, and everybody
24 knows that, and we keep going in the closet and we keep giving it
25 out, and then a year later, we feel awful as non-profits throwing

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 this stuff out.

2 So it ends up becoming mis-information, and so
3 that is another challenge that NHTSA will have; and lastly, what
4 I am going to end with actually is asking to show a public
5 service announcement. And this is at the risk of you going eek,
6 because it is five years old.

7 It was one of the first things that we created
8 with the SAFE KIDS Buckle Up Partnership with General Motors. It
9 was five years in June that we celebrated the first five years of
10 the program.

11 And the reason that I show it is not because I
12 think it is technically accurate, because you are all probably
13 going to think it is not looking back five years ago.

14 But what I do think is important is the message
15 that is there, because we did do focus groups, and we did hear
16 from parents that this was a key message and one they understood,
17 and the challenge that they have in making sure that seat belts
18 fit their kids. So I ask you to take a look.

19 (Video presentation.)

20 MS. DICAPUA: I am wrapping it up now. So, again,
21 I am 60 pounds, and a car seat, but I just wanted to say finally,
22 and I think Lorrie brought it up, too, is the whole issue around
23 the word booster. And I don't know how many times Joe Corella
24 has asked me, or I have looked to him for guidance on what to
25 call the booster with the harness.

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 I have called it 12 different names, and we should
2 come up with one term that we feel comfortable with, and know
3 that we are giving parents the same information. So, thank you
4 for listening. I thank NHTSA for this opportunity.

5 This is a great way for us to get ideas, and
6 hopefully we will go forward from here. Thank you.

7 (Applause.)

8 MS. MCMURRAY: Thanks, Karen. Questions for
9 Karen? Phil.

10 AUDIENCE QUESTION: This is for Karen, as well any
11 of the other speakers, too. One of the things or the challenges
12 that we have as you see each of the manufacturers has now taken
13 on the child passenger safety issue very heavily over the last
14 few years, is that Rose just highlighted just a sampling of some
15 of the major programs that we have been undertaking jointly with
16 our partners, as well as on our own.

17 And we are starting to just see -- I was hearing,
18 and seeing, and reading that the estimates are now going up both
19 in sales of booster seats, as well as we think in observed usage
20 as well.

21 How much impact do you think we are having, and do
22 we have any feel yet at all as to what elements are causing that
23 increase to occur so that we can accelerate it?

24 MS. DICAPUA: Well, I can comment on that. I do
25 believe that we can never underestimate the power of the media,

1 and I know of other programs that have 800 numbers probably
2 notice the same thing.

3 But on our 800 number, we can show or track the
4 number of calls that come in after a 20-20 is on, or a Dateline,
5 or another story, about the need for kids to be in boosters. So
6 I think that is one thing for us to continue to look at.

7 Are we making a difference? We are definitely
8 making a difference. Parents are buying them, but oh my goodness
9 do we have a long way to go, and we are talking about -- we often
10 focus on the high end of this, and what the rules should be.

11 But I think we all hope for the day that that is
12 really going to be the problem, that parents are keeping their
13 kids in these systems for too long, and I mean that in the best
14 way.

15 When I have a 6-1/2 and a 7 year old niece and
16 nephew, and they are the only kids in boosters, and have been for
17 years in their classes, we have a long way to go on this issue.

18 MS. MCMURRAY: Linda.

19 MS. MCCRAY: Okay. Linda McCray, NHTSA. My issue
20 is the data, and how we collect and how we measure over the next
21 5 years. And I think also because we have Section H, where
22 Congress was asking us about usage and effectiveness of booster
23 seats, we don't have the data.

24 We have established that. Now, Lorrie Walker, in
25 her request, asked that we start off with a national survey of

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

1 overall restraint usage, da da da. Okay.

2 And then Dr. Lucy Weinstein, she did point out in
3 her observational survey, that it is not something that you can
4 just stand on a corner and do.

5 MS. DICAPUA: Right.

6 MS. MCCRAY: So my question to you, with National
7 SAFE KIDS, we have checkpoints, and you know how these kids are
8 coming in, and you know how they are going out. You are usually
9 getting age, and the parents may not know the weight and things
10 like that.

11 But would you all be a viable source to do
12 something like that nationally and in conjunction with NHTSA or
13 whoever else? I am trying to figure out how do we get this whole
14 picture nationally?

15 MS. DICAPUA: I thank you for bringing it up, and
16 it is something that we are more than willing to do in
17 partnership with NHTSA and other organizations that are here.

18 In fact, because of the 10 minute limit, I didn't
19 have time to share with you, but we just started pulling some
20 data from our checklist forms, and those of you who have done
21 checklists for SAFE KIDS forms, we finally have them
22 electronically.

23 And we have that data, and we have been
24 manipulating it, and I hesitated to give stuff out today because
25 it really is very new as we have just been working with it this

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

1 week.

2 But that is definitely things that we can share
3 with people, and I challenge all of you that if you have
4 questions that you think can be pulled from that, to share them
5 with us, because we are more than willing.

6 We have a wonderful epidemiologist that is able to
7 look at those numbers and try and pull some answers. It has also
8 made us reevaluate some of the questions and the way they are
9 asked on the form.

10 And it goes back to that flexibility, and it is
11 the constant reevaluation and being willing to change your
12 course. And the one thing that we have that makes us do that is
13 those 303 SAFE KIDS coalitions around the country, because
14 believe me, when we are going the wrong course, we hear from
15 them, from California to Maine.

16 And I will personally get the phone calls and the
17 complaints, and so we try and listen, and address, and change.
18 And we would be thrilled to partner and to play a role in this
19 data.

20 MS. MCCRAY: Okay. I cheated a little. I was
21 expecting to hear that information. I spoke with Joe Corella
22 earlier.

23 MS. DICAPUA: Joe thought it was going to be in
24 it.

25 MS. MCCRAY: We had some E-mail correspondence,

1 because I was looking for some data on that, and surely somebody
2 is collecting this from the checkpoint, and that's when he gave
3 me the update.

4 MS. DICAPUA: We will be happy to share some of
5 the initial stuff that we looked at, and again if you have
6 particular questions that you think can be drawn from those car
7 seat checkup lists, let us know.

8 The one thing we always have to keep in mind is
9 that that is a pretty unique group of people. That is actually
10 the scary part about it, because when you look at the use of
11 booster seat use, and we know that these are already motivated
12 families primarily that are coming into these events, it makes
13 you wonder what the general population is actually doing.

14 MS. MCCRAY: I am thinking something similar to
15 what Lucy had talked about, and the various different places
16 where you would maybe target. You are doing the checkpoint, but
17 you are targeting where you are doing it.

18 MS. DICAPUA: Right. And we have started through
19 our America's Promise distribution, we have done some of those,
20 and we continue. On October 27th, we have another national
21 partnership with the NAACP to do those targeted seat checks. But
22 we constantly need to challenge ourselves to make sure that we
23 are doing that.

24 MS. MCMURRAY: And Adele has a question.

25 MS. DERBY: Hi, Karen. What was the response to

1 your rating of the State laws? Was there more activity generated
2 in that area?

3 MS. DICAPUA: Yes. I think that as we all know
4 that change is painful sometimes, and we took some heat
5 initially, but I think once Alan, and Joe, and myself, and
6 Heather were on the phone for a couple of days, once people
7 understood -- and we had to reevaluate how the message got out.

8 It is one of those things where you need to keep
9 messages in order for the media to get it, but some people felt
10 like they needed more information before, because they were all
11 of a sudden thrown into it and didn't have a lot.

12 Our coalitions were provided with that, but a lot
13 of partners were not. I can say that we have seen a lot of
14 legislation that has been introduced, and some of it passed, and
15 some of it got all the way to the desk of the Governor, and
16 changed, and then in other cases very little changed.

17 But we believe that over the next 5 years that we
18 have a strategic plan, and a real commitment, and that we believe
19 that together that we will see many more laws.

20 And again we will continue the debate on what is
21 the perfect law, whoever ends up planting that out.

22 MS. MCMURRAY: Any other questions?

23 MS. DERBY: I have just one follow-up.

24 Did you have any sense why the Governor of Florida vetoed that
25 model law?

1 MS. DICAPUA: Generally -- and Alan may have a
2 better comment, but I asked Tania this morning, who worked so
3 hard on that study, and her general sense was that the Governor
4 was saying that it was not enforceable.

5 And so that when I talk about us looking at our
6 model law, we are challenged with that we did put in the 80
7 pounds, and we knew that we needed the 8 years because we had law
8 enforcement at our table when we were going over this model law.

9 We will continue to look to NHTSA and to other
10 organizations, and to ourselves and our coalitions to guide us,
11 and when is the time to change, if it is, and we will just keep
12 learning.

13 MS. MCMURRAY: Lorrie.

14 MS. WALKER: I just wanted to mention that NHTSA
15 has invested heavily in 18,000 technicians and a thousand
16 instructors, and when it comes time to do a survey, you will not
17 find a more zealous group of people ever anywhere.

18 So the manpower is there, and in sort of answer to
19 your question before the others sort of went off on another area,
20 but to use those people that are already out there doing what we
21 want them to do, and they have already been trained, it is a
22 great field, and we shouldn't forget that they are out there and
23 ready to work.

24 MS. DICAPUA: Yes, absolutely.

25 MS. MCMURRAY: All right. Thank you very much.

1 Our next speaker is from the Ford Motor Company, Ms. Sarah
2 Kirkish; and then after that we have one more speaker, and we
3 will be in a position of wrapping up today.

4 MS. KIRKISH: Thank you, and good afternoon. I
5 must say that in looking at this esteemed list of speakers, I was
6 beginning to think that I either needed a doctorate or a
7 promotion to be up here. So thank you for letting me speak.

8 As Rose stated, I am from Ford Motor Company, and
9 I am an automotive safety engineer, and a certified child
10 passenger safety technician. On behalf of Ford Motor Company, I
11 am pleased to be here to support NHTSA on implementing the
12 provision of the TREAD Act regarding improving child passenger
13 protection.

14 We have submitted a written presentation for the
15 record, which I believe we have several copies out in the
16 hallway, which includes recommendations for addressing technical
17 issues, as well as educational and other issues related to
18 increasing booster seat use.

19 At this time, I would like to summarize that
20 presentation, and will limit my remarks to the educational issues
21 that fall under the scope of today's meeting.

22 At Ford, we strongly believe that education is a
23 key element in raising public awareness, which in-turn can bring
24 about behavioral changes. This is especially true when done in a
25 professional coordinated manner, and in conjunction with other

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 mutually reinforcing activities.

2 Indeed, even before the Act's booster seat
3 mandate, Ford Motor Company identified an opportunity to
4 encourage greater use of booster seats based on our discussions
5 with NHTSA, and began developing a comprehensive strategy to
6 address it.

7 In early 2000, we approached NHTSA to offer the
8 agency the lead partnership role in a national communications and
9 educational effort to promote booster seat usage.

10 NHTSA was also planning activity of its own to
11 promote booster seat use, and our level of commitment was
12 welcomed by the agency as a way to combine resources in a public
13 private partnership for maximum public impact.

14 Ford Motor Company's Boost America campaign, a
15 partnership among more than 20 of the nation's leading safety and
16 philanthropic organizations is the result of these discussions.

17 We believe that solid research is critical for any
18 public education efforts. To help develop the Boost America
19 program, Ford Motor Company engaged people worldwide to give us a
20 snapshot of current attitudes and usage rates to help guide
21 potential messages, to avoid missteps, and to provide a baseline
22 in order to measure our progress.

23 This is one of the largest surveys of its kind to
24 date, and we are pleased to see that the results that we have
25 from our survey appear to be tracking some of the newer research

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 in the same area released recently by the Partners for the Child
2 Passenger Safety Study.

3 Here are a few key highlights from this study.
4 Although they want to do the right thing, and we have heard this
5 several times, up to 79 percent of parents and care-givers are
6 not using the correct device for children between the ages of 4
7 to 8 years old.

8 Among parents and care-givers of children 4 to 8
9 years old, nearly 9 out of 10 say that they have heard about or
10 read about booster seats, but only 21 percent are actually using
11 them.

12 And 75 percent are misinformed, or don't know when
13 it is appropriate to place a child in a vehicle with just a
14 regular safety belt without a specialized safety seat or some
15 other device.

16 When asked why they don't use the booster seats
17 most of the time, 49 percent said that the child is too big is
18 the number one reason. Clearly this research shows that we have
19 a big task in front of us. That is why we made awareness and
20 educational outreach the foundation of the Boost America
21 campaign.

22 As one of the first elements of Boost America,
23 Ford Motor Company launched a massive educational program aimed
24 at children, teachers, parents and others, as far as a
25 comprehensive educational curriculum developed by the

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

professionals at Learning Works, Incorporated.

And in concert with NHTSA and other partners, this was sent to all 152,000 elementary schools and preschools in areas across the country.

This included a video with mega-stars Jada Pinkett Smith and Will Smith for elementary school kids, and for the preschoolers, Blue, from Blue's Clue's, and Nickelodeon; and both included kits with take home materials for the parents.

Preliminary feedback from the teachers continues to be phenomenal. It was by far the most successful program at Learning Works in their 15 year history, which is very impressive considering these products from Learning Works are already very popular features.

Based on teacher feedback reports, we can conservatively project that Boost America will reach more than 35 million students and their families. This number doesn't even include the 25 million brochures that are partners and in instructional brochures that are printed in English and Spanish, which we also have out on the table outside, of Boost America's many partners, are distributing nationwide.

Dr. Domenic Kinsley of Learning Works will provide you with more details and a really snazzy presentation from Boost America later on after I have finished.

As a second element of Boost America, Ford Motor Company also launched a massive giveaway program, with little

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 awareness of the need for booster seats, there are few booster
2 seats actually in use.

3 In fact, because of the lack of demand, many
4 stores won't even carry booster seats as according to a news
5 article in USA Today. We believe that it is one thing to
6 intellectually create awareness among care-givers and children
7 for booster seats, but another to actually see them in use by
8 friends and family.

9 Consequently, we resolved to prime the market by
10 giving away one million booster seats over the next year across
11 the country. That is about 20 to 25 percent of the annual
12 booster seat sales last year.

13 This is an ambitious project, and it is actually
14 not very easy to give away a million booster seats without a lot
15 of coordination and effort, but I am pleased to say that after
16 nine weeks since the Booster America program was launched, we
17 have given away more than 150,000 seats in such a short amount of
18 time.

19 And these children are now in booster seats and
20 are more safer now when they climb into their family cars, and we
21 have only just begun; and the third component of booster seats --
22 and we have heard a lot about this today -- is about legislation.

23 While education and giveaways will go a long way
24 to increase booster seat use initially, Ford believes that State-
25 level booster seat laws are an important element in raising

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 booster seat use nationwide.

2 There has been great success with child safety
3 seat laws, infant seat laws, and adult safety belt laws, but we
4 have to close that gap with the 4 to 8 year old child, and enact
5 sensible booster seat laws nationwide.

6 To compliment Boost America's educational
7 outreach, booster seat giveaways, and legislative efforts, I
8 would now like to highlight several supporting initiatives under
9 way as part of Boost America.

10 Ford Motor Company believes strongly that the key
11 to increasing booster seat usage is reaching parents, care-
12 givers, and children in communities where they live.

13 So in additional the national Boost America
14 campaign launched in Washington, D.C. with Secretary of
15 Transportation, Norman Mineta, and Ford CEO, Jacques Nasser, and
16 others, local public awareness events are being held in all 50
17 States this year.

18 We have already held high profile events in five
19 States, including Minnesota, with Governor Ventura; and in
20 South Carolina, with Governor Hodges. And later this week in
21 Michigan, a Boost America news conference will be held in
22 Lansing.

23 We are partnering with States to expand existing
24 instructional and fitting station programs for parents and other
25 care-givers to help them better understand how to use child

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 safety seats, especially boosters, but not limited to boosters.

2 And the Ford Motor Company has already awarded \$1
3 million in grants last February to 22 States and the District of
4 Columbia; and 44 American Native Tribes in 17 States received a
5 total of 15,000 booster seats.

6 Boost America also maintains a high quality
7 dedicated website, WWW.BoostAmerica.ORG, and a 24 hour toll free
8 hotline, 1-866-BOOSTKID, to provide convenient information just
9 on booster seats.

10 We believe that these are among the most complete
11 sources of information on booster seats today, and to date the
12 website and the hotline have received over 80,000 inquiries.

13 As you can see, Ford's commitment to Boost America
14 is no small undertaking. To ensure success, the Ford Motor
15 Company has committed nearly \$30 million and substantial time in
16 human resources to this effort.

17 And because Boost America is such a strong public
18 partnership, public and private partnership, this teaming is
19 already resulting in significant national and State attention to
20 booster seats; and the Ford Motor Company believes that the TREAD
21 Act's legislative mandate is already well on its way to being
22 met.

23 We believe that Boost America's experience to date
24 can be a starting point in seeking answers to the 12 questions
25 raised in NHTSA's June 6th, 2001 request for comments about

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 approaches for improving communications and other approaches.

2 While we do not suggest that Boost America has all
3 the answers, communications professionals and highway safety
4 experts conceived it, and its public acceptance continues to be
5 overwhelming.

6 The Ford Motor Company applauds NHTSA for its
7 leadership in this area, and we look forward to continuing our
8 work together on the National Boost America campaign.

9 MS. MCMURRAY: Are there any questions for Sarah?

10 AUDIENCE QUESTION: I have one. I think you said
11 that you have 150,000 seats that have already been distributed.
12 How were those made? Were those made through or in connection
13 with certain types of Ford vehicles that were sold, and parents
14 who had a desire to have a booster seat?

15 And, secondarily, do we know whether the seats are
16 in use?

17 MS. KIRKISH: Well, as part of the Boost American
18 campaign, our goal is to give half of that million booster seats
19 away to Ford Company owners, and then the other half is going to
20 be through the low income families through our partnership with
21 the United Way.

22 And I believe that a significant portion of them
23 are through a voucher system that was given to Ford Customers,
24 but we are also working nationwide, in all 50 States, week by
25 week, working our way across the nation to provide those seats to

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

1 low income families.

2 And with the low income families, we are also
3 providing education. So when they are getting the booster seats,
4 they are also getting education at the same time through
5 certified passenger technicians.

6 AUDIENCE QUESTION: And do you have a sense that
7 they are being used? Is there any provision in the Boost America
8 approach that you would look to see if the booster seats that you
9 have given away are in fact in use?

10 MS. KIRKISH: I don't believe that there is
11 follow-up with regard to whether the people who are receiving the
12 booster seats are using them, but I think as a part of the
13 educational and awareness campaign, we are definitely bringing
14 the message home that these booster seats need to be used.

15 MS. MCMURRAY: Cathy.

16 DR. GOTSCHALL: Thank you, Sarah. You said sort
17 of in the same breath, and I guess I really want a clarification.
18 You were talking about that Ford advocates sensible booster seat
19 laws, and in the same breath, you said something about 4 to 8
20 years.

21 Would I be correct in interpreting that that Ford
22 supports an age rather than a height or weight criterion for the
23 use of booster seats for booster seat legislation?

24 MS. KIRKISH: Well, my comments are -- well, you
25 know, we have been talking specifically about the 4 to 8 year old

1 range, and all of our brochures and information that we have been
2 passing out has been talking about age, but also height and
3 weight, and all the perimeters that everybody has been talking
4 about today.

5 We are not saying that we have the answers or a
6 preference necessarily, but we want them to be sensible, and I
7 think they will be, and that will definitely be a way to go.

8 MS. MCMURRAY: Anyone else? If not, thank you.
9 Sarah mentioned Learning Works, and we have here Dr. Domenic
10 Kinsley, who will be our final speaker, and he is from Learning
11 Works. Thank you.

12 DR. KINSLEY: Final speaker. It doesn't get
13 better than that. I am Domenic Kinsley from Learning Works, and
14 I am here to talk to you today about the Boost America
15 educational program, and at some point I want to show you a
16 video, and so I want to make sure that we have the right one in.

17 As you have heard, this is a program that is --
18 oh, we will go with this now.

19 (Video presentation.)

20 DR. KINSLEY: And that is where I wanted to stop
21 it. That is a video that is being sent as part of the
22 educational part to elementary schools. There is a complimentary
23 program to pre-schools, and I want to take you through
24 everything.

25 But I am glad that we started with the video,

1 partly to wake everybody up, but also partly to show you that
2 that is sort of the core message; that there are different seats
3 for different sized children, and not so much what age they are.

4 But they are different sizes, and size is being
5 determined not so much in terms of height or weight, but just
6 size; small, medium, and large. And this is why it was wonderful
7 that Will Smith and Jada Pinkett Smith were willing to
8 participate in this.

9 They actually do have three children who are those
10 three sizes, and they really do ride around in cars crammed full
11 with different kinds of seats to accommodate the different
12 children.

13 So that in a nutshell is what we are trying to do.

14 But our focus, of course, is on booster seats, and the program
15 itself was launched in 2000, the spring of 2000, with a mailing
16 to all elementary schools and all preschools.

17 And this was a mailing -- I don't know if we have
18 the chart around here. Oh, this one here. It is now a brochure,
19 but it was mailed to all these preschools and elementary schools,
20 and was sent to the principals and sent to the directors as a way
21 to encourage them to alert parents to the need for booster seats.

22 And it is out in front as a brochure, but it is
23 also designed that they could post it as a small mini-poster in
24 their areas. Then in this year, and I am going to have to move
25 away from my computer assist, and talk to you from the old

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 fashioned way.

2 This hear we sent a complete educational program
3 to all elementary schools and to all preschools. The preschool
4 program features Blue's Clue's, which if you have small children,
5 you are familiar with.

6 I talked to you about Learning Works, which was
7 founded in 1998, and 15 years experience in developing curriculum
8 and more than 600 programs. And in the spring of 2000, we sent
9 out our preliminary mailing to raise the booster seat issue with
10 educators in elementary schools, and preschools, and child care
11 centers around the United States.

12 This past spring, two educational programs
13 designed to bring the booster seat message to children ages 4 to
14 8 and their families. This is the one about -- for preschool, we
15 feature Blue, and the program was developed in cooperation with
16 Nickelodeon and Blue's Clue's.

17 It was distributed to all preschools and projected
18 to reach 13.8 million children and their families. For K-2, and
19 what we call the elementary school program, be a car safety
20 booster, featuring the video you have seen.

21 And all elementary schools in the United States,
22 and projected reach, 21.6 million students and families. What
23 are educators saying? It works. Thousands of positive comments,
24 and it is having an impact on children and parents.

25 Here is what a Grade Two teacher said, "The idea

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 of a car seat sounded silly to the children until we saw the
2 video. Now they all want a booster seat." "I didn't even know
3 about the booster seat. Good video. It made safety look cool.
4 Thank you." That was from a Grade One teacher.

5 "Blue's Safety Measure, she was excellent." One
6 parent of a five year old went out and bought a booster seat from
7 a pre-K teacher.

8 "It is amazing how much my kids learned, and then
9 went home and educated their parents," from another pre-K
10 teacher. And these are representative comments of teachers at
11 the elementary school level telling us that particularly the
12 video and other elements are helping older kids see the booster
13 seat as something that they would be interested in riding in.

14 And all teachers telling us that the message is
15 getting home to parents through the kids. "Kids love it," was a
16 student response. We have a billboard contest for the elementary
17 school students, and more than 5,000 students entered. A lot of
18 nice prizes for students.

19 I want to show you samples of what they have sent
20 us. "Booster seats are school cool," "Smile and Buckle Up a
21 Booster Seat," "Be Safe and Buckle Up," "Make Your Safety
22 Complete, Use a Booster Seat," out of the mouths of babes.

23 Let me take you through the program and let me
24 show you how it is put together. As I said, the first message we
25 are trying to get across, and particularly for pre-K students, is

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

1 ride in a safety seat that is right for your size.

2 We have a kind of growth chart there that marks
3 off both inches and weight, and we ask the children to weigh and
4 measure themselves, and find where they fit on that chart, and
5 then mark off whether they are small, medium, or large, in terms
6 of what sized seat they should wear or should be riding in.

7 It is a positive interactive hands-on learning
8 experience. In other words, it is not that you ride in a baby
9 seat and I ride in a big kid's seat, or one of these days I will
10 be big enough, and I will be a big kid and ride in the big kid's
11 seat.

12 Whatever seat is your size; and some of us where
13 small, and some of us where medium, and some of us wear large.
14 We are all different, and whatever is your size is what you
15 should be riding in to stay safe.

16 The same basic message in the elementary school
17 level. We also have children weigh and measure themselves, and
18 find where they stand on the growth chart.

19 And in the K-2 level, we also want to get across
20 the message that booster seats are safe, fun, and a cool way to
21 ride. So we asked these other students to use these kinds of
22 hands-on activities, classroom activities sheets, to notice where
23 the potential risks of riding in adult safety belts are.

24 And to try to get them to see why they are at risk
25 when they have a seat belt going across their neck. But at the

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

1 same time, we want to highlight the improved comfort and view
2 that comes with riding a booster seat, and that's what this
3 little third activity is all about.

4 They make a little booklet for themselves about
5 how you can see so many things when you are riding around. You
6 cans ee what is out the window. All of these activities you will
7 be able to look at more closely and we can provide you with
8 copies.

9 You will find that all of them are reinforcing
10 standard skills, reading skills, math skills, and that sort of
11 thing.

12 And with preschool, to make it a little more fun
13 and to get across the safe, fun, and cool way to ride, we are
14 reinforcing all child passenger safety principles; riding in the
15 back seat, and buckling up.

16 But we also again highlight the comfort and
17 improved view, and this is an activity where the preschool
18 students, after you emphasize the safety message, what can you
19 see out the window with our character, Felix, here.

20 And you see the red sign, and the red house, and
21 all that sort of thing. So it is very, very interactive. The
22 big book is sort of the major attraction in the preschool
23 program.

24 The video, with Jada and Will, is the major
25 attraction for the elementary school program, and after their

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 introduction, there is a whole little story about a girl and how
2 she learns to ride in a booster seat.

3 And I hope that you all take the time to get a
4 hold of the video and watch it. It is really charming and
5 obviously very effective with kids. And we also end up with
6 pledge certificates asking children to reinforce, and to sort of
7 sign off on the things that they have learned, and the things
8 that they want to do. These certificates are available and they
9 come in bilingual form, the Spanish language, as well as English.

10
11 And the last element is the parent brochure, which
12 is what I started to show you over here. This is handed out to
13 the children to take home. We have gotten wonderful, wonderful
14 comments on this. This is very representative.

15 The info for parents was very helpful, and I have
16 had several parents tell me that they plan to buy a booster seat
17 for their child since they received the info. And this is also
18 available in Spanish, either on-line, and it can be downloaded,
19 or by request.

20 Everything in fact is on-line at
21 www.BoostAmerica.Org. Anybody can download it, or they can order
22 the components as long as we have supplies. Everything is free.

23 We just ask for people to pay for shipping and handling, and
24 that is the end of the story.

25 So if you have any questions, I would be happy to

1 answer them.

2 MS. MCMURRAY: Any questions?

3 AUDIENCE QUESTION: Is there an evaluation or a
4 follow-up component with the curriculum to determine whether or
5 not parents did indeed go out and purchase booster seats and use
6 them with their children?

7 DR. KINSLEY: Not now, no. That particular part
8 of the follow-up we have not had yet. We are following up to
9 talk to or to assess with teachers on what they have to say about
10 the curriculum, and how they have used it, and how they perceive
11 students' reactions to it.

12 The curriculum is primarily designed, and
13 fundamentally designed to persuade children, and to get the
14 message to children, and to get them excited about it, and have
15 them perceive riding in a booster seat.

16 Or really perceive them riding in any car safety
17 seat as part of childhood. Something that they are supposed to
18 do as they grow up. And then take that message home.

19 So whether they take the message home that I am
20 supposed to be in a booster seat, or they take the message home
21 that I am supposed to be in a car safety seat, we want both of
22 those messages to go home, whichever one is appropriate for the
23 child.

24 But to do the kind of measurement that you are
25 talking about though would require us I suppose to somehow

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 overlay the places where the program is being used with different
2 outlets where people could buy booster seats. Is that --

3 AUDIENCE QUESTION: Well, I didn't know if there
4 was any type of questionnaire. You said there was a parent flyer
5 or parent information sheet that goes home.

6 I didn't know that there any follow-up
7 questionnaire that would be sent home to the parents, or if there
8 was any follow-up through the teachers in discussion with
9 parents, and gathering any information about how many kids were
10 using booster seats.

11 DR. KINSLEY: Just by report. I had not thought
12 about that, only because -- well, certainly, I guess, we could
13 include it in our follow-up to ask those questions.

14 AUDIENCE QUESTION: Okay. Thank you.

15 PARTICIPANT: I just wanted to add that we did the
16 work in pulling data last January, and then we are going to do
17 that again after, and hopefully we will see an increase in use
18 from that, although it can't be exactly tied to the educational
19 package as a result of all of that and 50 press conference all
20 across the country, and all the other stuff.

21 AUDIENCE QUESTION: You made a huge investment by
22 distributing the materials to all the elementary schools and
23 preschools, but what is your sense of the usage in those schools?
24 How many of them do you think are using the materials, and what
25 are you doing for follow-up?

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

1 They went out in the spring, and may schools do
2 not introduce new curriculum materials that late in the school
3 year. What are you doing to refreshen that for the fall come
4 back to school period?

5 DR. KINSLEY: We are finding usage to be very
6 high, partly because the program is designed to be executed very
7 quickly. I went through it in about 10 minutes by the clock.

8 And so I think that teachers who have received it,
9 particularly in the pre-school level, are interested in
10 curriculum, and interested in incorporating it.

11 We do find that teachers in the elementary school
12 level are a little more -- it is a little more difficult for them
13 to introduce it in the spring, but a surprisingly large number
14 have indicated to us that it is being used in these schools by
15 not particularly classroom teachers, but by health instructors,
16 school nurses, PTA folks who come in and do safety instruction.

17 And also with a much broader range than we had
18 imagined it to be catered to, but it is also being used from
19 actually K-to-5 through large scale presentations.

20 So what we are trying to do is follow up and
21 assess the usage. We are fairly certain of where it is being
22 used that it is being used in a larger than normal scale. It is
23 not just one teacher in a school deciding to use it.

24 And we are still discussing exactly what we will
25 do to refreshen it. Partly, the ongoing distribution of these

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

1 free booster seats is going to be refreshing it as the campaign
2 keeps rolling along. But we have gotten many indications from
3 teachers who are sending back reply cards saying that they are
4 planning to use it in the fall, and that they are setting it
5 aside for that. Any other questions?

6 DR. WEINSTEIN: A question and a comment. Perhaps
7 you addressed this and I missed it, but to whom specifically did
8 you address in each elementary school the material?

9 DR. KINSLEY: In the elementary schools, we sent
10 it to the principal, partly for the reason that in doing a little
11 research we found that it was hard to predict exactly who is
12 going to be implementing it.

13 It can as I said be passed down into particular
14 grade level teachers, classroom teachers, and it can be given to
15 the school nurse, or it can be given to a school health
16 instructor. I have gotten reply cards where it turns out that it
17 was handed to a local policeman who does safety instruction.

18 It is just an almost unpredictable number of
19 places that it could go, and so giving it to the principal I
20 think was the right way to get it into its right tracking.

21 And also as you will recall, we initially sent the
22 principals a year ahead of time an initial mailing. We also sent
23 them in the fall before the program actually went out another
24 reminder that it was coming. So it wasn't as if it showed up out
25 of nowhere and they said what is this all about.

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

1 DR. WEINSTEIN: Thank you. I asked that partly
2 because we sent out my safety materials a while back and sent it
3 to each district at the superintendent level, and it never
4 filtered down. So that is good information.

5 May I just make one quick comment, and forgive me
6 that it is not on booster seats, but child passenger safety. I am
7 cheating by sitting right here and one of my pet peeves concerns
8 rear-facing children, and it says, "And remember, kids up to one
9 year old belong in a rear facing infant seat."

10 I would hope maybe if you could consider revising
11 this to put the words, "At least one year." We are trying to get
12 materials to include those words, because too many people thinks
13 that implies that at one year that one must turn a child forward
14 facing.

15 And there is more and more evidence recently that
16 the longer you can keep a child rear facing up to the limits of
17 the seat, and maybe even 18 months, the better. So that is just
18 a request.

19 DR. KINSLEY: That is very, very good that you
20 point that out. Actually, I received a reply card that pointed
21 that out as well. So there are cutting edge teachers out there,
22 and it is not just in this room that people know what is what
23 with safety seats.

24 But that is one of the reasons -- and you asked
25 about refreshing, and one of the things that we do want to

1 refresh with is obviously as knowledge improves and increases, we
2 want to update those kinds of facts on it.

3 But also hoping to be able to include in
4 refreshing it some kind of evidence of its acceptance around the
5 country, so that teachers who receive it, or who will receive a
6 reminder that they have got it, are saying, oh, this is a big
7 deal, and this is something that we should get on board with.

8 MS. MCMURRAY: Cathy, did you have a question?

9 DR. GOTSCHALL: Yes. You and Sue Hirtz have done
10 a great job in developing the curriculum for the preschool and
11 primary kids, but some of the speakers today have talked about
12 the need for booster seats for kids, say up to 10 years old, or 4
13 foot 9.

14 As an educator what advice would you give to reach
15 those goals? What would you recommend that we as an agency, and
16 that child passenger safety advocates try to reach those kids in
17 3rd, 4th, and maybe even 5th graders?

18 DR. KINSLEY: Well, as I said, this program that I
19 have just shown you is being used at those grade levels. I think
20 that the Will Smith video is helping to carry it there.

21 I think that the basic message that we are
22 presenting about matching your size to the proper seat is one
23 that can carry across from kindergarten to 4th or 5th grade
24 without there having to be a point at which you say this is the
25 way we say it to little kids, and this is the way we say it to

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 big kids.

2 I think as an educator that that was the challenge
3 I think in putting this together, is to realize that at any point
4 when you are in a classroom, whatever the grade is, you are
5 likely to be talking to children who belong in a booster seat,
6 and others who belong in adult sized safety belts.

7 So you don't want to characterize either of those
8 safety restraints as being for little kids, or for big kids. You
9 just want to say whatever fits, just like buying gloves, and just
10 like buying tee-shirts, and just like whatever is your size is
11 what you should have.

12 So I think that my recommendation would be is to
13 think along that line, in terms of your message, and then if you
14 have people like Will Smith or Grant Hill, or some of the
15 wonderful speakers in this room, I am sure that we could get it
16 across.

17 DR. GOTSCHALL: Thank you.

18 MS. HIRTZ: I would like to make a comment, too.
19 We are guilty of not using the right fit and other small
20 boosters, but I think today in just thinking about it, and in use
21 with other children who are 8, 9, and 10, something like the
22 right fit I think would be really -- it doesn't look like a car
23 seat at all, and I think it may be more acceptable to the older
24 child.

25 However, those look just so uncomfortable to me.

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 If the manufacturers could make them a little bit more padded,
2 and a little bit more comfortable, I think it would be a big
3 help.

4 MS. MCMURRAY: Any other questions?

5 DR. KINSLEY: I just wanted to say one other
6 thing. One of the little follow-up activities that we had -- and
7 I don't know if I have gotten any response back on it yet, but it
8 was to ask teachers to challenge their students to design a
9 booster seat, and what would they like, and some of their ideas
10 we threw in there were leopard skin, or camouflage, or with a CD
11 player in it, or whatever they would like.

12 So maybe we will get some ideas back that we can
13 pass along to the manufacturers. That would be nice.

14 MR. MEISSER: Did you consider checking or
15 educating the parents or children through your program on the
16 correct use of these restraints?

17 DR. KINSLEY: We tried to do that through this
18 brochure. I think if you read through that, that was the
19 attempt; to both explain and to pack a lot into the brochure.

20 MR. MEISSER: Kids can be pretty squiggly, and
21 they move around. I did a study and found that only 10 percent
22 of the time that children stay correctly restrained, even if the
23 parents and the educators put them correctly restrained
24 initially. You drive them around for an hour or two, and --

25 DR. KINSLEY: In booster seats?

1 MR. MEISSER: In booster seats and any other
2 seats. It is very difficult to keep them in the correct
3 position. They get tired. They fall asleep. They hang on the
4 belt, and double over, or whatever they do, but it is very
5 difficult.

6 DR. KINSLEY: You are going to end up in a
7 discouraging word here. You are saying that no matter how we
8 educate them --

9 MR. MEISSER: No, my point is that we have to keep
10 educating. We have to insist on it, and be firm on it. I
11 probably was guilty as a young parent that I was happy that these
12 two behind me were asleep, and not nagging, and she looks at me,
13 and he or she has a foot on my side, and stuff like this.

14 They were quiet and the parents could drive, and
15 so there we have to do a lot of work, too, in my opinion.

16 DR. KINSLEY: I think so, and I think continuing
17 the education across these many grade levels is important.
18 Another thing that has come out in responses that goes to the
19 point about going to higher grades is that in some schools, they
20 are talking to kids in middle school and using them as role
21 models and as actual instructors so to speak with using curricula
22 like this for the younger kids.

23 But I think your point is that this is what we are
24 all aiming at in this education program, is that children become
25 in a sense their monitors of one another. I mean, my kids were

1 always telling me to buckle up.

2 This is where I said what we are really trying to
3 address with the children, even more than with the parents. The
4 children are a conduit to the parents, but ultimately the
5 children are the ones whose behaviors we want to change, and
6 whose awareness we want to raise.

7 So that when your children are sitting in the
8 back, instead of saying he is looking at me, he is saying, he is
9 not sitting right in his booster seat. So that they are
10 monitoring one another.

11 MS. MCMURRAY: Any more questions? If not, thank
12 you, Dr. Kinsley.

13 (Applause.)

14 MS. MCMURRAY: Before we adjourn, any questions of
15 our speakers from this afternoon? Anyone have any new solutions
16 or ideas that they would like to bring forward as a result of
17 this afternoon?

18 (No audible response.)

19 MS. MCMURRAY: Okay. I want to thank all of you
20 who have come here today. This has really been very important to
21 us as we set about to develop the strategic plan.

22 I think that all the speakers provided some unique
23 insights, and even though we laugh as child safety advocates, and
24 that we all kind of know what is going on, and we all heard the -
25 - and forgive the pun, but the retread of the information, it

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 still is very encouraging to know that there is a group of people
2 so motivated to do the right thing, and to try to close the
3 safety exposures of this age group.

4 And all of the views that you heard today, I saw
5 some of you hurriedly and rapidly putting down some notes. They
6 will be available when we issue this information on the website
7 with the transcript. So you will not lose the information that
8 you heard this morning.

9 I also want to thank the panel, who were very
10 engaged, and asked some very insightful questions, and they
11 devoted their entire day when they could maybe be doing other
12 safety work to this effort, and I want to thank them for that.

13 (Applause.)

14 MS. MCMURRAY: But as usual, I think it is
15 important that I thank my staff who worked so hard to put this
16 together. Marilena Amoni and her office staff, and Phil Gulak,
17 who is a division chief, but particularly Tami Levitas, who is
18 behind me.

19 (Applause.)

20 MS. MCMURRAY: And Jennifer Knight in the front
21 here, or AMA intern, really worked very hard in getting this all
22 together and they deserve a great amount of respect and thank
23 you, and I appreciate it. So now that we have reached the
24 end of the public meeting, what are the next steps. I mentioned
25 the transcript and I mentioned the presentations. We also again

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 encourage people to file their comments under Docket 9785.

2 Anything that you would like to present, please
3 make sure that you do that. The booster seat education team that
4 I introduced this morning, again their job is now to come
5 together and take the information that you have been so
6 forthcoming with here in the public meeting, as well as other
7 data, other information filed with the docket, as well as other
8 efforts, to try to put together an outline of what the strategic
9 plan would look like.

10 And we expect to reach our November deadline date
11 to submit this plan to the Congress. But in the meantime, we may
12 be asking again for your reaction and some technical advice and
13 assistance that you might be able to provide us as we further
14 refine this plan.

15 And again by early fall, we would hope to have a
16 real good workable approach. So, again, thanks for being here
17 today, and this public meeting is now closed. Have a nice
18 afternoon.

19 (Whereupon, the public meeting was concluded at
20 3:15 p.m.)